Chilines & House

24g. REC'D BY REGISTRAR

Elkton, Md DATE NOV 2 2 '60

	具物工艺		CENT	1110	AIL OI PLAI	•		Reg. Di	st. No).	
1. PLACE OF DEATH D. COUNTY CECI	L		MAI	RYLAND	2. USUAL RESIDENCE (W o. STATE Marylar		l lived. If instituti b. COUNTY	an: Resider		ere admissi	on)
RURAL and give	(If autside carparate lim nearest tawn)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	autside corpor	rote limits, write R	URAL and	give ne	arest town)
Elkton			40 years	j .	Elkton		206				
OR INSTITUTION	Hospital of	70.7			d. street address 230 East	Main S	t. /				FARM?
3. NAME OF DECEASED	Fir		Midd		Last	4. DATE	Mor	_	Do		ear
(Type or print)	Nan		S		Bates	DEATH	Novem	ber l	8,	1	960
S. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARI	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months		IF UNDE	
Female	White	WIDOWE	D DIVORC	ED 🔲	Jan 10,1885		75 yrs.	Monins	Days	Haurs	Min.
10a, USUAL OCCUPATE	ION (Give kind of work trking life, even if retired	dane 10b. I	CIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHPLACE (Slote	ar foreign co	ountry)	12.CIT	IZENO	F WHAT CO	DUNTRY?
Housewif	_	'	at Home		Petersbu	irg, Va	l.	US	SA.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN						
Melville	Sterne				Ida Eane	es					
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		None	0.	INFORMANT Husbar	nd - J.	Add H. Bates		-4	2/	٦
	ATM (Setes volumes or	usa mas lim		1				<u> </u>	cto	ERVAL BET	
1	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0	ronary Oc	-	sion -				ON	SET AND	DEATH
Canditions, if	immediate	, Aı	rterioscle	erosi	s - Chronie 1	yocard	litis				
cause (a), stating lying cause lost	g the under-										
PART II, OT	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a)	PERFOI YES	NO T
	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	ED. (Enter noture of injury in	Part I or Port	II of item 18.)				
20c. TIME OF INJU Hour a.m.	10	ar 20d, IN While at wark	Not while		LACE OF INJURY (Hame, for actory, street, affice bldg., et		ar town)	((County)		(State)
21. I certify t	hat I attended the	decease	ed from Nov	16.	60 tNo	r. 18.	160	that I Ir	ast ser	w the de	ecensed
alive on Not				tash de	accurred at 10:22		the causes an	d on th	e date	e stated	abave
	D 6	61	VI	1			reet, city or town,		o dan		E SIGNED
ACTUAL SIGNATURE	7111	UC	MXXXX	A	M.D. North	East, N	laryland				
PHYSICIAN'S NAME (Type)	Dr. H. A.	Cant	well	0		THE AND SERVICES that had been been joen jo					
220. BURIAL, CREMATING	4		22c. NAME OF CE				ION (City, tawn,			(State	p)
	117 -17 0			aldg	e Cemetery		timore				
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24a REC	'D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	KE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 Pages physicion and completely papers. Sep Sep carban offer remove within 72 hours ottending Then pleose ined by the haspital or attending physician.

DIRECTOR: After this certificate has been signed by the permit. be detoched for use as the burial-transit remayal, burial, cremation, or P TO FUNE page 3 sy the regist VS A15 (4)

should be filed with

the funeral director,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12472

CERTIFICATE OF DEATH

12451

	16461		CERT	IFIC	AIE OF D	EAI	П		Reg. (Dist. No		0 1 -
1. PLACE OF DEATH a. COUNTY			MAI	RYLAND	2. USUAL RESID o. STATE Maryla	_	/here decease	d lived. If institut b. COUNTY			ore odmiss	ion)
b. CITY OR TOWN (RURAL and give of Elkto	(If outside corporate limit learest town) ON	s, write c	LENGTH OF STA		Elkt		outside corpo	orate limits, write l	RURAL and	d give ne	arest lawr	1)
OR INSTITUTION	TAL (If not in hospitol, p lnut Lane	ve street ad			/d. STREET AC Waln	DRESS	Lane					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fin Lawrence	it	Midd	-	Bathon		4. DATE OF DEATH	Novemb		De 2		Year 19 60
5. sex Male	6. COLOR OR RACE	7. MARRIEL	NEVER MARI	RIED 🔲	8. DATE OF SIRTH	-	923	9. AGE (In years lost birthday) 36 yrs.	Manths	ER I YEAR	7	ER 24 HRS. Min.
anting most or war	ON (Give kind of work of rking life, even if retired) Manager		ND OF BUSINESS Elk Pap			ryl		auntry)	12. 0	U.S		COUNTRY
13. FATHER'S NAME G. I	Howard Bat	hon			14. MOTHER'S I		M. Sy	ron				
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	ER IN U. S. ARMED FORG	recipe)	9-16-49		NFORMANT Daniel F	I. E	Bathon		on,	Md.		4
Conditions, if o gove fise to i couse (a), stoling lying couse lost. PART II. OTI	mmediate (y thrombo		AINAL DISEAS	E CONDITION GI	VEN IN PA		19. WAS	AUTOPSY PRIMED?
	MEDICAL EXAMINER)				D. (Enter nature of							но 🔁
20c. TIME OF INJUR Hour o. js. p. m.	RY Month, Day, Yea	While of work	JRY OCCURRED Not while	20e. PL	ACE OF INJURY (H clory, street, office	ame, fari bldg., et	m, 20f. (City c.)	or lawn)		(County)		(State)
21. I certify the alive an North Actual SIGNATURE PHYSICIAN'S NAME (Type)	so RAL	- 1260 Film		it death	M.D233]	3:40	ADDRESS (S	treet, city or town,	and an	the da	ite state	
220. BURIAL CREMATIC REMOVAL (Specify) Burial	1	50	Tmma oul		r CREMATORY Concept	ion		tery. E	or county)	,	(Stote	e)
23. FUNERAL DIRECTOR	'S SIGNATURE	bN	ADDRESS Elkto			24a. REC	D BY REGIST	RAR 246. REG		IGNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, is 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 A be detached far use as the burial-transit permit. Then please remove carbon papers. Pages if the registrat prior to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

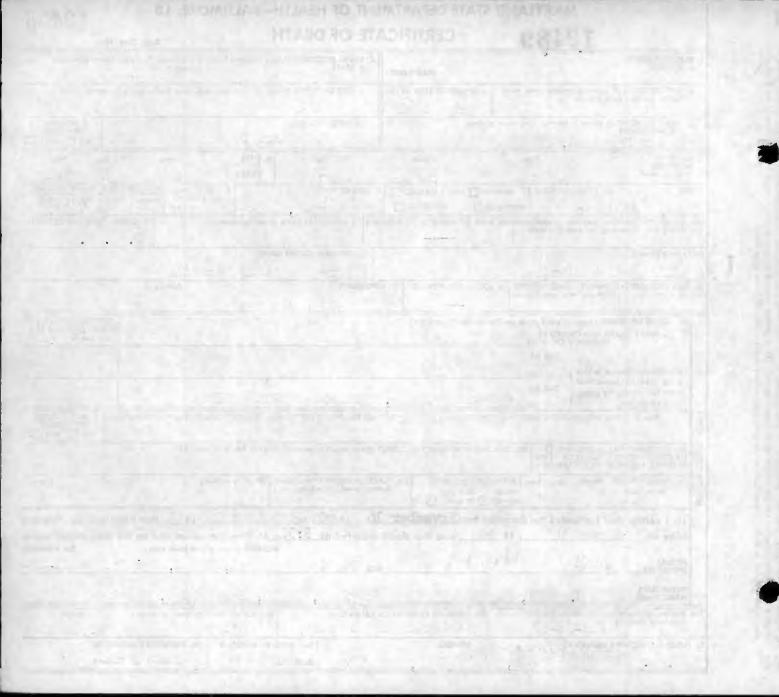
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VS. A15ME(S 5M 9/55

o. COUNTY	EATH	Cecil		MAN	YLAND	2. USUAL RESIDE		b. COU			fore admission)
b. CITY OR T	eprest fewn]	h East	# RURAL	c. LENGTH OF STAN		c. CITY OR TO	WN (If outside o	orporete limits, w	rite RURAL o	nd give n	earest fown)
d. NAME OF			If not in hosp	pîtal, give street addri	P38)	destreet ADI			1814		ON A FAR
3. NAME OF DECEASED (Type or prin	nt)	fic BERNA		Middle	BIB	Lost	4. DATE OF DEAT		onth 11-	Day 30	Year 1960
5. SEX Mal		6. COLOR OR RACE	7. MARRIE	DINEVER MARRIE			. 20 100	9. AGE [In years lost birthday]	Months	ER TYEAR	Hours Min.
100. USUAL OC	CUPATION	V (Give kind of work					7 20, 1909	1	n.	ITIZEN OI	F WHAT COUN
Guring most o	On. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Machinist Thiokol Chemical West Virginia								US.		
13. FATHER'S N	IAME		1			14. MOTHER'S MA	IDEN NAME				
	Wreduricis C. Milley Was Deceased ever in U. S. Armed Forces? 16. Social Security NO. 122.						rric Ai	glit			
15. WAS DECE/ IYes, no, or unknow		I IN U. S. ARMED FO	service)	SOCIAL SECURITY NO	. 17. IN	IFORMANT		Addr			
10			23	2-10-1430		Mrs Lux	rania Bil	troll vac	1 Esst	R.D	. Maryl
PART 4 2	TI. DEATH				Oc1		(113,00)7340			ONSE	T AND DEATH
Condition gove rise t (o), stoting couse lost	o, if eny	WAS CAUSED BY, MMEDIATE CAUSE (o) DUE TO , which ole cause derlying DUE TO (c)		for (o), (b), and (c). }		usion				ONSE	NAL BETWEEN IT AND DEATH I MINICAL A
Condition gove rise to (o), stoling course lost PART	TI. DEATH	WAS CAUSED BY, MMEDIATE CAUSE (o) DUE TO , which ole cause derlying R SIGNIFICANT CON	DITIONS CO	for (e), (b), and (e).} Coronary	IH BUT NO	USION OT RELATED TO TH	E TERMINALDISE/	SE CONDITION (ONSE 1	IVAL BETWEEN IT AND DEATH I MINICOL 1 A T
Condition gove rise to (o), stoting couse less	ti, DEATH	WAS CAUSED 8Y, MMEDIATE CAUSE (o) DUE TO , which ole cause derlying R SIGNIFICANT CON E WAS RIBUTING	DITIONS CO	OTOTATY COTOTATY NTRIBUTING TO DEAT HOW INJURY OCCU	IM BUT NO	USION OT RELATED TO TH	E TERMINALDISE/	SE CONDITION (GIVEN IN PA	ONSE 1	PAL BETWEEN IT AND DEATH IT AND TO THE
Condition gove rise to too to	I. DEATH II. OTHE III. OTHE III. OTHE NAL CAUS OF CONT DEATH. DF INJURY a. m. p. m. sulted I	WAS CAUSED \$Y, MMEDIATE CAUSE (o) DUE TO , which ble cause derlying DUE TO (c) R SIGNIFICANT CON E WAS RIBUTING Month, Day, Yea 19	b. DESCRIBE T 20d. If While of wor	OF (o), (b), and (c). COFORATY NTRIBUTING TO DEAT HOW INJURY OCCURRED NOT Work of w	IM BUT NO RRED. (En 200. PLAC foctor d oboy	OT RELATED TO THE OF INJURY (Honorry, street, effice bleve, held on A cide, Honorry, Chief MED	in Part I or Port in Part I or Port in, form, 20f. (Clay, etc.)	It of item 18.) Ity or town) Inspection [GIVEN IN PA	ART 1(o) 11	P. WAS AUTOF PERFORMED
Condition gove rise t (o), stoting couse lest PARI PARI 200. EXTERN PRIMARY C CAUSE OF Hour 21. I cer deoth re	NAL CAUS TILL OTHE NAL CAUS TO THE TILL OTHE NAL CAUS TO THE TILL OTHE NAL CAUS TO THE TILL OTHER T	WAS CAUSED BY, MMEDIATE CAUSE (o) DUE TO V, which ble cause (derlying) DUE TO R SIGNIFICANT CON E WAS RIBUTING Month, Day, Yea 19 11 1 took charge From: Notural	DITIONS CO. b. DESCRIBE 20d. In while of wor of the re couses [2]	OF (o), (b), and (c). COFORATY NTRIBUTING TO DEAT HOW INJURY OCCURRED NOT Work of w	RRED. (En	OT RELATED TO THE THE TOTAL TO THE	E TERMINALDISE/ r in Part I or Port te, form, 20f. (Clay, etc.) inicide, inicide, inicide EXAMINER [MEDICAL EXAMINER	Is of item 18.) It of item 18.) Inspection [] Undetermined	GIVEN IN PA	ART 1(o) 11	P. WAS AUTOP PERFORMED (Sto.), and find

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CETTERCATE OF DEATH Annual way of a Particular The Carl Particular Science and State a



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY	Cecil	MARYLAN	2. USUAL RESIDENCE o. STATE	(Where deceased	lived. If institution b. COUNTY	Ceci	-	ssion)
b. CITY OR TOWN (If outs RURAL and give nearest	ide corporate limits, write town) kton	20 Days		(If outside corpord		URAL and give	negrest tow	n)
d. NAME OF HOSPITAL (IF		et oddress)	d, STREET ADDRE	SS			ON	SIDENCE A FARM?
3. NAME OF DECEASED	First IARD	Middle F. CO	VNOR	4. DATE OF DEATH	Novembe		Day	Year 19 60
		ARRIED NEVER MARRIED		- 5	AGE (In years lost birthdoy)	IF UNDER 1 Y	EAR IF UND	
Male W	ALL VV	WED DIVORCED	12000 1291		6/ уп.	12 CITIZEN	NOF WHAT	COLUMN
during most of working li	fe, even if retired)	Retired	Dela	aware	inity)	12.CITIZET	USA	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAID					
	J. Connor			ah Me Gi				
15. WAS DECEASED EVER IN U (Yes. no. or unknown) (If yes,	give war or dates of service		Ethel K. Co	nnor N	orth Ea		Id.	
Conditions, if any, we gave rise to immediately couse (o), stating the unitying couse lost.	iote Due TO	C.V.A., (Cere	bral hemo rr	rhage)				days
H.C.V.D.	. G.A.S.					EN IN PART 1(PERF	AUTOPSY ORMED?
20a. ACCIDENT WAS UN OR CONTRIBUTING C	AUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCU	KKED. (Enter noture of injur	y in Port I or Port	il of item 18.]			
20c. TIME OF INJURY M. Hour o. m. p. m.		. INJURY OCCURRED 20e ile Not while at work	. PLACE OF INJURY (Home, foctory, street, office bldg		ar town)	(Cou	nty)	(Stote)
21. I certify that ! alive on 11 & ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	/ / /	ased from 10 27.	oth accurred at.2	40am fram t	he causes and set, city or town,	d on the d	ate state	
220. BURIAL, CREMATION, 2. REMOVAL (Specify)		22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATI	ON (City, town, o		(Sto	ite)
Burial 23. FUNERAL DIRECTOR'S SIGN PIP IN FUNEF		ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Cemetery kton, Md	REGINAL PEGISTE		tran's sign.	ATURE	

the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

D FUNER. RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hays after death.

TO FUNER VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CATE OF DEATH

	12474		CERT	IFIC.	ATE OF D	EATH			Reg. Dist.	. No.	
1. PLACE OF DEA	Cecil		MAR	YLAND	2 USUAL RESID	Md.	re deceased lived.	If institution	~	before oc	Imission)
RURAL end	WN (If outside corporate limgive nearest town) CON		c. LENGTH OF STATE		c. CITY OR T	OWN (If ou	iside corporate fin	nits, write RU			town)
d. NAME OF I	HOSPITAL (If not in hospital, IION) IN Hospital	give street	address)		d. STREET AND ELLER	DDRESS	aryland			0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Ge	ertru			Coope		4. DATE OF DEATH		ov.	Day 9	Year 19 60
s. sex Female	Col.	WIDOWI	10.47	ED 🔲	B. DATE OF BIRTH	,1886	72	birthday)			JNDER 24 HRS. Durs Min.
Dom	UPATION (Give kind of work of working life, even if retired LESTIC	done 10b. d)	KIND OF BUSINESS	OR INDU		Ma	ryland			U.D.	HAT COUNTRY
13. FATHER'S NAJ	John Bento						Young				
(Yes, no, or unknown)		service) 21	5-32-097	7 I	NFORMANT Plossie	Crav	en-107	Booth			
	F DEATH (Enter only one of I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ne for (o). (b), and (c)		<u>ia left</u>	lowe	er lobe			ONSET A	AND DEATH
	DUE TO	L Chi	conic Pye	elon	<u>ephriti</u>	s lef	t			3 Y	ears
couse (a), s lying couse	lating the <u>under-</u> DUE TO	c) A1	rterfolis								ears
2	IL OTHER SIGNIFICANT CON								N IN PART I	PE	ERFORMED?
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	<u> </u>	CRIBE HOW INJURY								
E Havr		While of wor	Nat while of work	for	ACE OF INJURY (I- ctary, street, office	bldg., etc.)				unty)	(Stole)
21. I certi	fy that I attended the	decease 12.6		t death	occurred at 1	7_P		causes ar	id an the		
ACTUAL SIGNATURE	Jan. C.	L	hamion	3	M.D. 245		DORESS (Street, ci High Si	,		11/6	DATE SIGNE
PHYSICIAN'S NAME (Type	<u> </u>		on M. D.			kton,		ylan			
Buria	MATION, 226. DATE THERE TO THE SECTION SIGNATURE	60	Provid ADDRESS				Elkto	n, Md.			(State)
Cale	1. R. Bet	el	— 909 Po	plar	St.		BY REGISTRAR	24b. REGIST	RAR'S SIGN		

VS A15 (4) 15M 9/55

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	16460			EKTIFIC		OF DEATE	1		Reg. Dist	No.	
PLACE OF DEATH a. COUNTY	Cecil			MARYLAND		USUAL RESIDENCE (WHO STATE Md.	ere decease	d lived If institution b. COUNTY	n: Residence Ceci		ssion)
RURAL and give	(If autide corporate limeness) town)	sits, write		OF STAY IN 16		c. CITY OR TOWN (IF o		rote limits, write RL	JRAL and gi	ve negrest for	vn]
	1kton PITAL (If not in hospital,		1	Yrs.	1-4	3 Elkt	OH				
OR INSTITUTIO	102 Sou	T				1 102 Sou	th St	treet		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CLARENCE	irst	E.	Middle DEN	INE	Y Lost		Novembe		21+,	Year 1960
5. SEX	6. COLOR OR RACE	7. MAR	RIED 🔼 NEVE	R MARRIED	8. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UN	
White	male	WIDOW	/ED 🔲	DIVORCED 🔲	Ju	ne 24, 19	01	9. AGE (In years lost birthday) yrs.	Months	Days Hours	Min
10a. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BU	SINESS OR INDU	STRY	11, BIRTHPLACE (Stole			12. CITI	ZEN OF WHA	T COUNTRY
Town of	orking life, even if retired Elkton	"	Gene:	ral		Delawar	e			USA	
13. FATHER'S NAME					14	MOTHER'S MAIDEN N	AME				
J. F	ranklin D	enne	У			Lillia	n Por	dell			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	<u> </u>	URITY NO. 17.	INFOI	IMANT		Addn	esa		
(Yes, no. or unknown)	(11 yes, give war or dates of	service)		Mr	·S.	Edna M.	Denne	ey Elkt	on.	Md.	
18. CAUSE OF D	PEATH [Enter only one of	ause per li	ine for (o), (b)	and (c).)						INTERVAL E	
PART I. D	EATH WAS CAUSED BY:	-1	Acuto	e cordor	57 t	hrombosis				5 min	
645	DUE TO		A GOO O	0 001011	<u>, , , , , , , , , , , , , , , , , , , </u>	11. 011100011				41 111 111	1,465
Canditions, if	man which h		Arteri	osal eret	in	coronary ar	tem.	dicesco		COTT COS	al yrs
gave rise to	immediate (212 0 0 2 0	0000000		00201102,7 02	0013	Ca Deabe		DG V CL	CIT ATS
cause (a), statis	ig the under	c]									
PART II. C	OTHER SIGNIFICANT CON		CONTRIBUTION	G TO DEATH BU	NOI	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	EN IN PART	PERF	AUTOPSY ORMED?
	WAS UNDERLYING A G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW I	NJURY OCCURR	D (E	nter nature of injury in P	ort I or Por	11 of item 18.)			
20c. TIME OF INJ	10	white		ile fo	ACE (OF INJURY (Home, farm, street, office bldg., etc.	20f. (City	or lown)	(Co	ounty)	(Stole)
_					_	1057 - 21	· 9/	1060	41 4 1 1		
alive an_N	that I attended the					, 19 <u>57</u> , ta <u>No</u> curred at12:308	AA from	the carrer of	,that i lo	ast saw the	deceased
dive dilata	0001	1	,., 0	ia mar dean	I de			reet, city or town, s			PATE SIGNED
ACTUAL SIGNATURE	S. I Color	Tra	remo A	· M.O.	M.D.	000 11 14				11/24	/60
PHYSICIAN'S NAME (Type)	S. RAZPH A	NDREU	S, JR.	, M.D.		Elk	ton, M	laryland			
220. BURIAL, CREMAT	ION, 226. DATE THERE			OF CEMETERY C				TION (City, town, a		(5to	rte)
Burial	" Nov. 27,	1960		ton Cen	iet	ery	E.	lkton, N	laryl	and	
23. FUNERAL DIRECTO	OR'S SIGNATURE UNERAL HOM	E	aleth L	ss Zee Elki	con		BY REGIST	'60	TRAR'S SIGN		
		2007				PAIL			ATting !	-Treated	

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 c d be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrat priar to burial, cremation, ar remaval, and in any gooff which 72 hours after death.

by the funeral director.
2 shauld be filed with



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 should is necessory, funeral 3 to 1 ond in 21 haurs ofter of Page 5 may be n Give certificate should be in pencil ifficate, writing the word "pending" in a the Chief Medical Examiner's Office of DIRECTOR: Page 3 should be used as a



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12458

12491

Maryland Court of towns if double corporate limits, write C. (LENGTH OF STAY IN 16 B. (LENGTH		1. PLACE OF DEATH				2	. USUAL RESIDENCE (W	here decease		on: Residenc	e before adi	mission)
RELIAL ord give morest loom) Perry Point Dyrs.6mo.3days Baltimore Americal Chostist (if not in hospital) Americal Chostist (if not in hospital) James of Hospital (if not in hospital) James of Hospita	4	8. COUNTI	Cecil		MARY	LAND		land	b. COUNTY			
Perty Point Syrs.6mo.3days Baltimore				ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (If	outside corpa	rote limits, write R	URAL ond g	ive nearest t	own)
Note in the property of the					Byrs.6mo.3	days	Balt	imore		S.A.		
Veterahs Administration Hospital 1691 Darley Avenue Ves Nog		d NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS				e. IS	RESIDENCE
S. SEX 6. COLOR OR RACE 7. MARRED NOVER MARRED S DATE OF BIRTH S. ACE [In years If NOVEMBER 1.0 NOVEMBER S. ACE [In years If NOVEMBER 1.0 NOVEMBER 1			Administra	tion	Hospital		1691	Darle	y Avenue	3		
FRANCIS N. FOLEY SEATH NOVEMBER 25 19 60		3. NAME OF	Fir	st	Middle		Lesi	4. DATE	Mor	th	Day	Yeor
Male White WIDOWED DIVORCED S-18-19 Substitution Substitution Doys Mours Min.	1		FF	LANCI	s N.		FOLEY		Nove	nber	25	19 60
Maryland White Widowed Belsiness or industry Its Birthface (Stote or foreign country) Its Cause of Laborer Waryland USA USA Diese (Stote or foreign country) USA U		S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D 🛐 8	DATE OF BIRTH		9. AGE (In years lost birthdox)			
Unknown Maryland USA		Male	White	WIDOW	ED DIVORCE		8-18-19			Months	Doys Hot	rs min.
Laborer Unknown Maryland USA		100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign c	ountry)	12, CITI2	ZEN OF WHA	AT COUNTRY?
Patrick J. Foley Is was deceased ever Nu S. Armed Porces 16. Social Security No 17. Informant Add Maltimore, Md.	$\sqrt{}$		ing the, creat it lemed	'	Unknown		Maryla	nd		Ţ	JSA	
15. INFORMANT SAMED FORCESS 16. SOCIAL SECURITY NO 218-07-6389 Catherine Foley, sister, 5635 Ready Ave.		3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Yes WW TT 218-07-6389 Catherine Foley, sister, 5635 Ready Ave. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		/	Patrick J.	Fol	.ey		I Carrie	Schr	ott			
Yes WW TT 218-07-6389 Catherine Foley, sister, 5635 Ready Ave.	_[SOCIAL SECURITY NO	17, INFC	RMANT		Add	B alti	more.	Md.
18 CAUSE OF DEATH Enter only one couse per line for (o). (b), and (c). PART I, DEATH WAS CAUSED BY: Acute myocardial infarction 8 days Conditions, if only, which gove rise to immediate couse (o), aloling the under: ying couse lost. (b) Coronary thrombosis 8 days DUE TO Conditions, if only, which gove rise to immediate couse (o), aloling the under: ying couse lost. (c) Arteriosclerotic heart disease unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 16 Enter noture of injury in Port I or Port II of item 18 OR ONTRIBUTING CAUSE OF DEATH 18 ETHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING 200. EXCRIBE HOW INJURY OCCURRED 19 ON WIND 19 ON WHILE 19 ON WIND 19 ON WHILE 19 ON WIND 19 ON WHILE 19 ON WIND 19 ON WIN		, ,			218-07-638	19 C	atherine Fo	nlev.		5635	Ready	Ave
PART I. DEATH WAS CAUSED BY: Description Acute myocardial infarction B days											INTERVAL	BETWEEN
Due to Conditions, if ony, which gove rise to immediate couse (o), stoling the underly rying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS ALTOPSY PERFORMED? YES IN O CONTRIBUTING CALLS OF DEATH OR CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON		PART I, DEA	TH WAS CAUSED BY:	Ac	ute myocar	dial	infarction	n				
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20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED While Not while of work of w		PART 11 OTH							E CONDITION GI	VEN IN PART	1(o) 19 W	AS ALTOPSY
20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED While Not while of work of w		TY										
20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED While Not while of work of w		200. ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY O	CCURRED	Enter nature of injury in	Port I or Por	t II of item 1B.)			
21. I certify that the third the tribe that the tri	,	UR CONTRIBUTING	MEDICAL EXAMINER)									
21. I certify that the third the tribe that the tri		3 20c TIME OF INJUR	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED				r or town)	(C	ounty)	(Stote)
21. I certify that tik (this haspital) attended the deceased from May 22		Hour o m,	3F A 19			roctor	y, street, office blog., et	ic.]				
SON ALEXANDER ATTENDING MED DIRECTOR STAFF SIGNED 22c PHYSICIAN'S NAME (Type) A. L. MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23d. BURIAL, CREMATON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY PRINCIPLE SIGNED SIGN						5 B/S	20 10	0 E 7	Morrombos	2 PD 6	(C) with make all	
22b. DATE SIGNED 22c PHYSICIAN'S NAME (Type) A. L. MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23a BURIAL, CREMATON, 23b. DATE THEREOF PROVA. (Specify) 23c NAME OF CEMETERY OR CREMATORY PEMOVA. (Specify) Baltimore National 23b. REC'D BY REGISTRAR'S SIGNATURE 22b. DATE SIGNED 22c PHYSICIAN'S DIRECTOR DIRE		1						- T				
M.D. PHYS DIRECTOR PHYS G 11-29-60 22c PHYSICIAN'S NAME (Type) A. I. MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23d BURIAL, CREMATON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVA. (Specify) Baltimore National Baltimore, Md. 24 FUNTAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE			em drye xon x.x.x	XXXX	XXXXXXX and	that aed	in occurred do 1	1 JANUARI CILI	ine causes ar	ia on ine	agle sia	
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A. L. MOONEY Asst. Clinical Pathologist, VAH, Perry Point, Md. 23d BURIAL CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Slote) Baltimore National Baltimore, Md. 24 FUNETAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				-0 0		1744		MILLION _	11113		4.4.	29-00
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or cou		NAME (Type)	A. T. MOON	EY	Asst. Chini	call	Pathologist	- VAH	Parrie I	oin+	Ma	
REMOVA. (Specify) 11/30/960 Baltimore National Baltimore Md. 24 FUNTAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE												Stote)
24 FUNCTIAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		REMOVAL (Specify)	11/2-1	191.							,	
The state of the s		المستنب والتناسف	S SIGNATURE	760		1016					SNATURE	
		Denningt	# 'Z Z	Hav		ce. M						

the funeral director, 2 shauld be filed with TO HORNTAL DE ATTENDING EHYDICIAN: The form requires that the doubt certificante be exampled within 24 hours after death. Tage 4 may be retained by the haspital or attending physician.

D. FUNER (RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

CC

may be ram VR A1S (4) ISM 9/59



22c. NAME OF CEMETERY OR CREMATORY

Middletom Presbytor

Maryland

ADDRESS

Morth East

DEPUTY MEDICAL EXAMINER

24g. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Outhur & Thrus

Chester Co

(State)

VS. A15ME(S) SM 9/55

FOLWOI O FUNE

NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S TOGNASTIRE

22b. DATE THEREOF

11-23-1960

any delay

= 03-7961 Edward J. Pritz Perryville Rd Maryland

Partial decapitation of head

MARYLAND STATE DEPARTMENT OF HEALTH 12493

DEPARTMENT OF HEALTH	12460
H AND RECORDS BALTIMORE 1, MARYLAND	1530
TATE OF DEATH	

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A	
Y I	

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OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4 y be regarded by the haspital or attending physicion.

UNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, as 3 should be detached for use as the burial-transit permit. Then please remaine carbon papers. Pages 1 the should be filed that the plant prior to burial, cremation, or remained in any event, within 72-haurs, often death

10 H	TO FL	bod
VR	A15	[4]
15	M 9/	59

-Z 10- Z 49 49	CERTITION	0. 0	•		
1 PLACE OF DEATH 0. COUNTY		2, USUAL RESIDENCE (before admission)
Cecil	MARYLAND	Maryland		COUNTY	
 CITY OR TOWN (If autside carporate limits, w RURAL and give_nearest town) 	rile c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Fautside corporate limit	s, write RURAL and gi	ve nearest town)
Perry Point	35yr 4mo 22 da	avs Baltimore	2		
d. NAME OF HOSPITAL (If not in hospital, give of OR INSTITUTION	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Administration		2621 Dula	aney Street		YES NO
3 NAME OF First DECEASED	Middle	Lasi	4. DATE OF	Month	Day Year
(Type or print) HENRY	Α.	GERWIG	DEATH	Nov.	18 1960
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9, AGE	41 1	YEAR IF UNDER 24 HRS.
LIGITO MILTOO	DOWED DIVORCED	1296	63	yts	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Sto	te or foreign country)		EN OF WHAT COUNTRY?
Laborer	Unknown	Maryland		U.S	.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	INAME		
Charles Gerwig		Mary (Uni			
15 WAS DECEASED EVER IN U. S. ARMED FORCES' Ves. no or unknown) [(If yes, give wor or doles of service		NFORMANT	2615 Dai	sy Avenue,	(2 11)
Yes WW1	None Ja	acob F. Gerw	ig,Baltimor	e, Md.	(brother)
18. CAUSE OF DEATH [Enler only one couse	per line for (o), (b), and (c).]	_			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute myocardial	infarction.			4-5 days
DUE TO					
Conditions, if any, which) (b)	Coronary Thrombo	sis			4-5 days
gove rise to immediate Couse (a), stating the under-					
	Arteriosclerotic	heart diseas	se.		Unknown
PART II OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
[A]					YES NO
PART II OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Part 1 or Part II of ite	m 18 }	
3 20c. TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, fo) (C-	ounty) (Stole
	While Nat while	ctory, street, office bldg., a	erc.j		
21 F certify that (P)	ttanded the deceased from	June 26	25 to Nov.	18 10 6	ටුන්සිප්ත්වයප් ප ්ර
32000000000000000000000000000000000000	DOODCOCCOCC and that				1 , 4 ,
220 SIGNATURE					22b DATE
a.L. Moone	y	M.D ATTENDING	MED. STAF	Novemb	er 19,1960
22c. PHYSICIAN'S NAME (Type)	//	22d. ADDRESS			
	M.D.	VAH., F	erry Point	, Maryland	
230 BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY C		23d, LOCATION (Ci		(State)
POSSOS 11-23-60	Baltimore I	Vational	Balti	more, Mary	land
24 FONTRAL DIRECTOR'S AGNATURE	ADDRESS			25b REGISTRAR'S SIG	
PENNINGTON & SON HE	vre de Grace, Md	DATEN	IOV 2 3 '60	Alun & 1	Tratta



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19292

CERTIFICATE OF DEATH

	2, 10 2 47 8					Keg. Dist.	rvo.	
1. PLACE OF DEATH a. COUNTY	- 1 1	MARYLAND	2 USUAL RESIDENCE (Who STATE ryland	ere deceased (ived. If institution b. COUNTY			ion)
	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporei	le limits, write RI	IRAL and aive		n l
RURAL and give no	rarest town)		X			ALLE ONE BILL		.,
	North Bust AL (If not in hospital, give street	Lifetime	d STREET ADDRESS	MOLIT	East		e. IS RES	SIDENCE
OR INSTITUTION	As in our in nearing, give sincer		J SALLY ADDRESS				ON A	NO D
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mont	h	Day	Yeor
(Type or print)	George	N.	Gray	DEATH	11		L9	1960
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lost birthday)		EAR IF UND	
Mola	white wnow	ED 🖾 DIVORCED 🔲	June 1, 187	78	82 yrs.	Months De	ays Hours	Min.
during most of work	ON (Give kind of work done 10b. sing life, even if retired)				ntry)	12. CITIZE	N OF WHAT	COUNTR
13. FATHER'S NAME	per h nger and	painter	14. MOTHER'S MAIDEN A	r1 and			Usa	
	ol Cent		Jenny	_				
	el Gray	SOCIAL SECURITY NO. 117.	INFORMANT	di plu (in alesti)	Addr	ess		
(Yes, no or unknown) NO	(If yes, give war or dates of service)		Mrs Herman M	darr No	rth East	R.D.	Ma.	
	TH Enter only one cause per li	A	41.	1			INTERVAL BE	DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ganevalizad	Artirioscleros	15			_/2×	Lari
(† · · ·	DUE TO							
Conditions, if a								
gave rise to i couse (a), staling) DUE TO					-		
lying couse lost.) (c)							
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART I	(a) 19. WAS PERFC YES [DRMED?
	S UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I or Port I	l of stem 18.)			
ZOc. TIME OF INJUR Hour a. m. p. m.			PLACE OF INJURY (Home, form loctory, street, office bldg, etc.		r town)	(Cou	inty)	(Stote)
Hour a.m.	19 While	table white	rociory, sileer, office blog , etc.	1	-	***	-	
	at I attended the decea	sed from Hay	19.47, to /	9 Nov	1960	that I la	st saw the	decens
alive an	1 New 10	/	th occurred at 5:36/					
dire dile	///	.s, and may aca			et, city or loyfl,			ATE SIGNI
ACTUAL SIGNATURE	/Hous H. 160	ulur	M.D. No.th	Ent	eld		19 N	low 6
PHYSICIAN'S NAME (Type)	Klaus ,	4. Huchus	<i>t</i>					
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, lown, o	or county)	(Stat	le)
- Viliai	12-22-106"	l'e+ho	Gest	Morth	East, C	Cecil (Son Mu	L
23. FUNERA DIRECTOR	SPIGHTURE TO ALL	AODRESS		D BY REGISTRA		TRAR'S SIGN		
(h. 7. 15		Eact Namelon.	DATENO	V 2 2 '60	Ch	Aur B. F	inaul#	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 MECTOR: After this certificate has been signed by the attending physician and campletely filled be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I is priar to burial, crematian, or removal, and in any event within 72, haurs after death. may be retained by the hospital
TO FUNE TO RECTOR: After this
page 3 be detoched for u
the registrar prior to burial, crem VS A15 (4) 15M 9/55

by the funeral director, 2 should be filed with



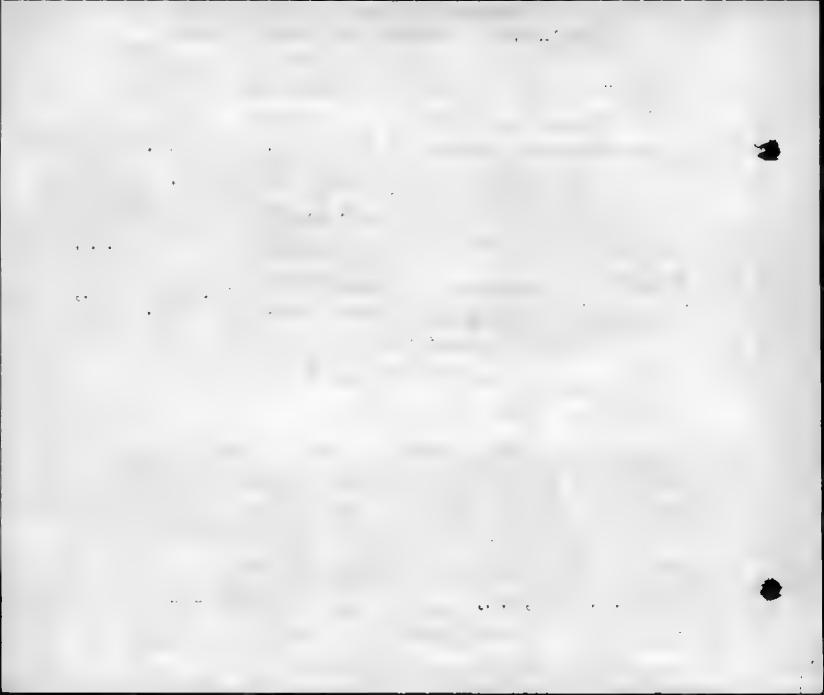
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12462

Reg. Dist. No.

	o. COUNTY	I. It Institution: Kesidence	before admission)		
	Cecil	MARYLAND	o. STATE Mary Land	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write EURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and gl	ve negrest lown)
	Perry Point	29 days	Baltimore	I V	*
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
alla.	Veterans Administration	Hospital	2001 E. Fairmou	nt Ave.	YES NO TH
-7	3. NAME OF First	Middle	Lost 4. DATE		Day Year
	(Type or print) LAWRENCE		HETMEL DEATH	Nov. 2	
	5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH 9. AGE	(In years IFUNDER TYE	AR IF UNDER 24 HRS.
		leal birthdoy] Months			
	10a. USUAL OCCUPATION (Give kind of work done 10b. K				OF WHAT COUNTRY?
	during most of working life, even if retired) Huckster Un	known	Maryland	11	S.A.
	13. FATHER'S NAME	KTIOMII_	14. MOTHER'S MAIDEN NAME	0.	D.A.
	1)				
ا 	/ John Heimel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	Mary Yager	Widen .	
	(Yas, no, or unknown) [1] yes, give wor or dates of service)			Farmount /	Ave.,
	Yes WWI Un		rnard Heimel, Baltimo		INTERVAL BETWEEN
	BARTA DEATHAMAS CAUSED BY				DNSET AND DEATH
	IMMEDIATE CAUSE (o) LAT	ge Meningioma			Unknown
	DUE TO				
	Conditions, if any, which by Die	d while removi	ng tumor		
	(o), stating the underlying DUE TO				
	coute lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NIK BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(PERFORMED?
	5				YES NO
	20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE	HOW INJURY OCCURRED. (Er	iter nature of injury in Part I or Part II of item	18.)	
in .					
	20c. YIME OF INJURY Month, Day, Year 20d. B Haur e. m, While of wor		E OF INJURY (Home, farm, 20f. (City or lawr ry, street, office bldg., etc.)) (County	(State)
		k of work			
	21. I certify that I took charge of the r			ion 🔀, Inquiry	🔀 and find that
	death resulted from: Natural causes x], Accident 🔲, Suic	ide 🔲, Homicide 🔲, Undeter	mined cause 🔲.	
	19/11/12	11/11/19/1			DATE SIGNED
2	SIGNATURE / COVO COO	vocaro (M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S		ASSISTANT MEDICAL EXAMINER		
	NAME (Type) R. C. DODSON, M.D.	1	DEPUTY MEDICAL EXAMINER 📮 🚶	-26-60	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY OR	REMATORY 22d. LOCATION (C	ity, town, or county)	(State)
	12. pla 1101.30-60	Jacko Nation	al Can Fredoric	K 172 150	Ite. Ma
	23. PONERAL DIRECTOR'S SIGNATURE	ADDRESS	1 1 10 2	24b. REGISTRAR'S SIGNA	
	wared Krow. 18	300 t Lom	DAR STDATE NOV 2 9 '60	arthur S. H	ented

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

CERTIFICATE OF DEATH

STATE DEPARTMENT OF HEALTH	12463
RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	16300
TIFICATE OF DEATH	

2

PLACE OF DEATH O. COUNTY Cecil	MA	RYLAND 2 L	SUAL RESIDENCE (STATE Mary	Where deceased I	ved. If institution b COUNTY		ire admission)
b. C.TY OR TOWN (If outside corporate RURAL and give neons lown) sit	imils, write c LENGTH OF ST	rs o	Port De		e limits, wrîte R	URAL and give no	grest town)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION S.	Main St.		d. STREET ADDRESS	S. Mai	n St.		e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print) Mary	First Middle Eshlema		Kimble	4. DATE OF DEATH	Nov		•
Female 6 COLOR OR RA			TE OF BIRTH OV.14,18	387	AGE (In years last birthday) 73 yrs.	Months Days	Haurs Min
IDG. USUAL OCCUPATION (Give kind of working from of working frequent if rel	ork done 106 KIND OF BUSINESS lired) Own Home		Md	/ ,	ntry)		F WHAT COUNTRY?
13 FATHER'S NAME James	Eshleman	14	. MOTHER'S MAIDEI Tda	N NAME	We	hh	
15. WAS DECEASED EVER IN U. S. ARMED		NO 17 INFOR			Add		
(If yes, give war or date	None	Che	ster T.	Kimble	Sr.Po	rt Depo	sit Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause last.	ETO Sener	8.4. (6307	Bre Co	× 0-50	(ct:	50000	logus.
CATIC	CONDITIONS CONTRIBUTING TO					VEN IN PART I(o)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA	20b. DESCRIBE HOW INJURY ATH IER)	OCCURRED. (En	iter nature of injury	in Part I or Port I	of item 18)		
20c. TIME OF INJURY Month, Doy, Hour o m p. m	Year 20d. INJURY OCCURRED White Nat while at wark of wark		OF INJURY (Home, f street, affice bldg.,		r Iown)	(County)) (State
21. I certify that (I) (this hosp saw the deceased arive on?			11-3:	1954, toll	Y/S		hat (I) (we) last e stated abave
200 SEMANIE	and h	- (O _{M.D}	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	11/201	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) G.H.	Richards Jr.	M.D.	22d ADDRESS Port	Depos	it,Md.		
230 BURIAL CREMATION, 236 DATE THE	2-1960 Hopew	_	EMATORY	Por	Depo:	or county)	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Perr	yville		OV 2 3 '60		STRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be red ined by the haspital ar attending physician.

TO FUNER IRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 strong be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the Stale Board at Health priar to burial, cremation, or remaval, and in any event, within 72-haus after death the Stale Board at Health priar to burial, cremation, or remaval, and in any event, within 72-haus after death VR A15 (4) ISM 9/59

a 12 should be filed with



PLACE OF DEATH COUNTY Cocil	MARYLAND	2 USUAL RESIDENCE (Who g. STATE		b COUNTY		before adm	ission}
b. CITY OR TOWN (If outside corporate limits, write c. LENG	th of STAY IN 16 days	c CITY OR TOWN (If o	utside corporete	imils, write R	URAL and giv	ve negresi lo	wn}
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Union 1108)ital		d. STREET ADDRESS				ON	ESIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Mor ∋dir Vc		Doy 18	Yeor 19 ^ύ
5 SEX 6 COLOR OR RACE MARRIED N	EVER MARRIED DIVORCED	Doc. 25, 1/97		AGE (In years last birthdoy)		YEAR IF UN	DER 24 HR
	BUSINESS OR INDU	Auryta	.Thu	lry)		EN OF WHA	COUNTR
Samuel King		14. MOTHER'S MAIDEN N	name et McCaf	fety			
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SI (Yes, no. or unknown) (If yes, give wor or doles of service) 213-0	9-9081 14	NFORMANT	'''i',1	Add		71-+;,	
■ LOR CONTRIBUTING ☐ CAUSE OF DEATH	· ·	NOT RELATED TO THE TERMI	July 8	moh	VEN IN PART	PER	S AUTOP FORMED?
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OC	while for	ACE OF .NJURY (Hame, farm ctory, street, office bldg., etc.	, 20f. (City or	lown)	{Co	ounty)	(Stat
21. I certify that I attended the deceased from		19 (40, 10 occurred at 4 2 9	///\$		that I las		
ACTUAL SIGNATURE OSENL TO FOR	ing,		Masin			hf	ATE SIGNI
REMOVAL (Specify)	ME OF CEMETERY O		22d. LOCATIO	N (City, fown,		(5	tate)
	DRESS	24a, REC'	D BY REGISTRA	R 24b, REGI	STRAR'S SIGI		

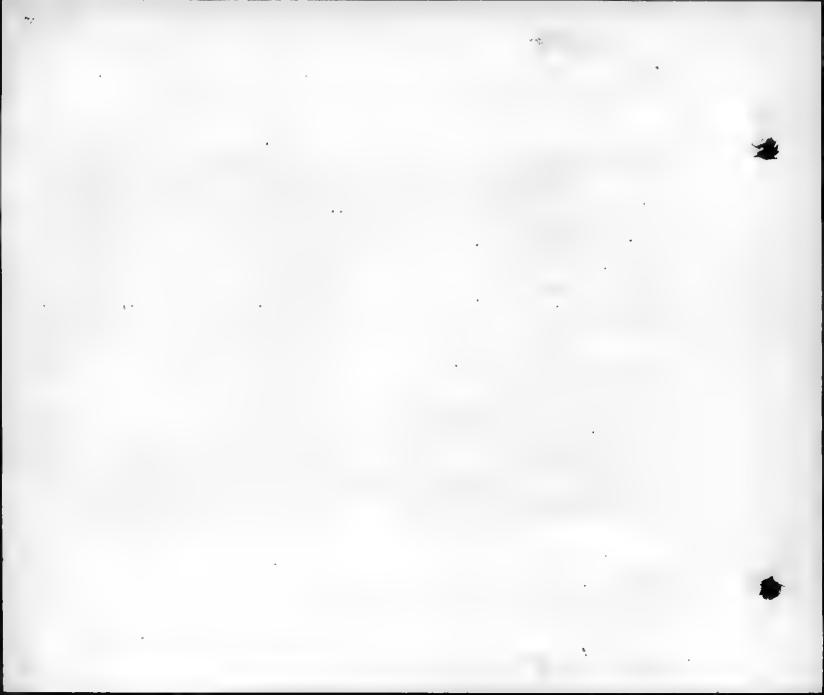
2 should be filed with

the funeral

Poges 1

ATTEMBING MEYSIMIAN: The low requires that the dooth certificate be executed within 24 hours ofter death. Page 4 IRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, crematian, or removal, and in any event within 72 hours ofter death. TO HOSPITAL TO FUNER

VS A15 (4) 15M 9/5B



12465

19477

CERTIFICATE OF DEATH

	1~10				Reg Dist. No.	
1. PLACE OF DEATH a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institution b. COUNTY	n: Residence before	e admission)
B. CITY OR TOWN RURAL and give	(If autside carporate limits, write learest tawn)	60 Yrs.	CITY OR TOWN (He Elkto	utside corporate limits, write RU []	JRAL and give near	rest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give stree Union Hosp.	t address)	d street Address Landing	Lane	•	ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) M	RY XXXXXXX	ANN Middle	LEIBIG	4. DATE Month OF NOVEMbe		Year 1960
s. sex Female:	*** ***	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 4, 187	9. AGE (In years lost routhday)	IF UNDER 1 YEAR Manths Days	Hours Min.
10a USUAL OCCUPATI during most of wo Practics 13. FATHER'S NAME	ON (Give kind of work done 10th king life, even if retired)	Nursing	JSTRY 11 BIRTHPLACE (Slote Treland		USA	WHATCOUNTRY
Willia	m Hammell		Rose	O'Dougherty		
IS. WAS DECEASED BY		s. social security no. 15-32-0674Mr	INFORMANT	Addre	Elkton,	Md.
Candilians, if gave rise to cause (a), stating lying cause last	immediale (Conquest Contribution S CONTRIBUTING TO DEATH BU	Levelie Her	Failure Disease CONDITION GIVE	ne	P. WAS AUTOPS' PERFORMED?
OR CONTRIBUTION	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	'arl I or Part II af item 18.)		YES NO
70c. TIME OF INJU	Whil	t.	LACE OF INJURY (Hame, farm actary, street, affice bldg., etc.		(Caunly)	(State
21. I certify to alive an	Joseph G. I		, 1960, to 15 h accurred at 12 5 km. 205	M, fram the causes and ADDRESS (Street, city or tawn, the Main	that I last saw d an the date state)	
220. BUR AL CREMATIVE SEMOVAL (Specify BUT 1 all 23). FUNERAL DIRECTOR PIPPIN FI	Nov. 26, 196	22c. NAME OF CEMETERY OF CEMET	Conceptann 240. REC'	D 8Y REGISTRAR 246. REGIS	Elkton	(State) Md
		-		CLAU	- TUNUS	

TO HOSTITAL OR ATTENDING PHYSICIAN: The law mapirm that the death certificate be elecuted within 14 haurs after 1mth. Page 1 the funeral director, should be filed with may be resided by the haspital ar attending physician.

• FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registror prior to burial, cremation, ar removal, and in any eyent with. 72 hours after death. may be rest VS A1S (4) 15M 9/S8



VS A15 (4) 15M 9/55 M

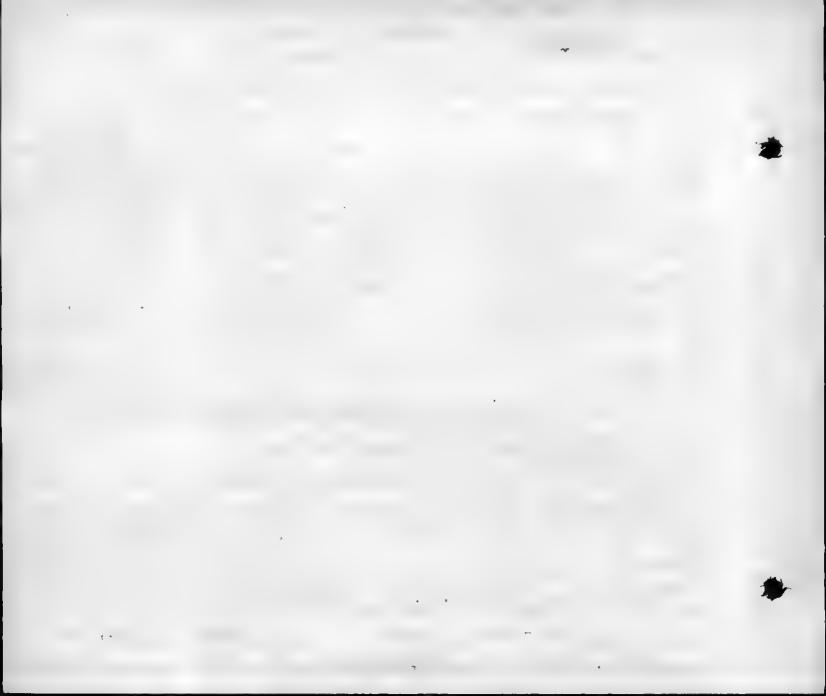
ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
		•	_

19478 CERTIFICATE OF DEATH

Reg. Dist. No.

12466

									Keg. Dit	1, 110.	
1 PLACE OF DEATH a. COUNTY	O.o.i.1		MARYL	AND	a. STATE			d lived If institut b. COUNTY	ion: Resident		
b CITY OR TOWN RURAL and give r	(If outside corporate limits, nearest lawn)	write c	LENGTH OF STAY IN	ч 1ь		ry 1 and TÓWN (If a		orgto limils, write l	RURAL and g	OCC 1	
Rikt			75 vc. rs		<u>d</u>	E1	kton				
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	street add	dress)		d. STREET A	DDRESS	1bu <i>r</i> n				RESIDENCE ON A FARM?
3. NAME OF	First		Middle		Lo:	t .	4. DATE	Mo	ath.	Day	Yeor
(Type or print)	R	obert	-		Logan	,,	OF DEATH			11	19 60
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED) 🔲 B.	DATE OF BIRT	н		9. AGE [In years lost birthday]	Months		JNDER 24 HRS.
Na1e	Color		_			1865		95 yrı		Doys He	ours Min.
100. USUAL OCCUPATI	ION (Give kind of work do rking life, even if retired)	ne 10b. Kit	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPI	ACE (State	ar foreign c	ountry)	12 CITI	ZEN OF W	HAT COUNTRY
Laborer	rking lise, even ir retireo)	Pul	p Mill & (The P	ork .	North	Caro	lina		USA	1
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
T	erry Logan					Rye		-			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		CIAL SECURITY NO.	17. INI	ORMANT	**/		Ado	Iress		
[Yet, no. or unknown]	(If yes, give wor or dates of servi		-05-2479		Maglir	te Byr	d 131	Milburn	St.,	Elkto	n, kr
	ATH [Enter only one caus	e per line l	for (a), (b), and (c).]							INTERVA	L BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Ure	mic Coma								AND DEATH
72	DUE TO									1	
Canditions, if	ony, which	Chr	onic Pare	anah	tmata	in Ne	nhri	tie		I K V	ears
gave rise ta	immediate (0111	01110 1011		I MINOTHOL	15 -10	, Mass	010		1-/-	G012
Couse (o), stating	Lug nucha-	Myo	carditis							5 V	ears
	THER SIGNIFICANT CONDI			H RUT N	OT DELATED TO	THE TERM	MAI DICEAC	E CONDITION CI	VENT INT DADS		
CATIO		110113 <u>201</u>	ATRIO TO DEAT		OI REDIED IC	, IIIE IERAG	MAE DISEAS		YEN IN PARI	i'i Pi	ERFORMED?
OR CONTRIBUTIONS (IF EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRI	BE HOW INJURY OC	CURRED.	(Enler nature o	f injury in P	Part I ar Par	t II af item 18.)			
Part II. O1 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. p., p. m.	RY Month, Day, Year 19	White	JRY OCCURRED 2 Nat while at work	Oe. PLAC	E OF INJURY (Home, form, a bldg., etc.	20f. (City	or lawn)	(C	ounty)	(State)
21. I certify t	hat I attended the d	eceased	fram 8/16	5/	. 19 5	2. to 11	/11/	19.6	Othet L.I	ast saw	the decease
alive on11	1/11/	. 12.60		leath d			M from	n the course	end on th	a deta	teted about
	. /		z-,-, and mare	realit (accorred at			treet, city or town		ie date s	PATE SIGNE
ACTUAL	amesh	Sh	MATERIA DE	M	0. 245			Stree		/12/	
PHYSICIAN'S - NAME (Type) &	James L. Jo	/ phnsc	on M. D.			on,					
220. BURIAL CREMATIC	ON, 22b. DATE THEREOF	12	ZC. NAME OF CEMET	ERY OR				TION (City, tawn,	or county!		(Slote)
REMOVAL (Specify	11-154										
23. FUNERAL DIRECTO		10073	ADDRESS	COLC	nred	240 DEC'S	D BY REGIST	1kton, C	<u>CG 1.L</u>		rki
AMERICA	Or Francis			14.	-1 1	A.I		200			
A. THE	- Grant	No	rth Eastw	Mary	zi and	DATE	V/ 1 /	00	war 1	2 000	



		12496		CERTI	FIC/	ATE OF D	EATH	1		Reg. 1	Dist. No.	12	467
1. P	LACE OF DEATH COUNTY	il		MARY	LAND	o. STATE	ervla	_	lived. If instituti b. COUNTY		ence befo	re admissi	ion)
Ь	. CITY OR TOWN (If outside carporate lime	ts, write	c. LENGTH OF STAY	IN 16	.c. CITY OR 1	OWN (If a	ulside carpor	ate limits, write F	URAL an	d give nea	rest town)
	ural	Elkt		88 yrs		Rur	a <u>l</u>						
d	OR INSTITUTION	TAL (If nat in haspital, s	jivë stree	t address)		d. STREET A	DDRESS 5					e. IS RESI ON A YES [7]	PARM?
D	AME OF ECEASED Type or print)	ELWOO		Middle		LOTIA		4. DATE OF DEATH	Movemb e		15		19 60
5. SI	EX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIE	D 🔼	B. DATE OF BIRTH	1	1	9. AGE (In years last birthday)	IF UND	ER I YEAR		R 24 HRS.
	Male	White	WIDOV	Page 1	_ ,	oct.3.	1872			Month	Days	Haurs	Min.
10a.	USUAL OCCUPATION OF WORLD	ON (Give kind of work king life, even if retired	dane 10t	. KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	ACE (State o	ar fareign ca	untry)	12. 0	ITIZEN O	F WHAT	COUNTRY
	Farmer	wing may over it remed	<u></u>]	Farming		Cec	il Co	unty			U. S	. A	•
13. F	ATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		George Lo	tma	n			Unkno	nwc					
1S. \ (Ye).	VAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	. SOCIAL SECURITY NO	17. 1	NFORMANT		-	Add				
•	No			None	G	eorge E	. For	ster	, Elkt	on,	Mar	ylan	d
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Iny, which mmediate)	Uremia Dehydrat	ion						6	Wee Wee	eks eks
	lying cause last.) (c				renchym	-					Yea	
CERTIFICATION				CONTRIBUTING TO DEA						/EN IN P	ART I(a) I	PERFO	RMED?
	OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRE	D. (Enter nature at	injury in Pr	art I ar Part	II of item 18.}				
MEDICAL	20c. TIME OF INJUR Haur a. f1. p. m.	tY Month, Day, Ye	White	INJURY OCCURRED Nat while ark at work	20e. PL fac	ACE OF INJURY (I stary, street, office	tome, farm, bldg., etc.)	20f. (City	or tawn}		(Caunty)		(State)
	21. I certify the alive an 11/	nat I attended the 13/	decea	sed from 6/2/60, and that	death	00 19 60 00 00 00 00 00 00 00 00 00 00 00 00 00		_M, fram LODRESS (Str	the causes of the cause of	and an state)	the do	le state	ed abave NTE SIGNEE
		ames L.				Elkt			Maryl	and			
	gurlal	Nov.13,	1960 1960					22d. LOCATI Elkt	on (City, town, o	or county ecil		(State unty	,Md.
23. F	UNERAL DIRECTOR	S SIGNATURE	1	ADDRESS		7 - 7		BY REGISTR				-	
1	Tel bh	Co. HICK	0//	Elkton, N	lary	rland	DATE NO	V 2 3 '60	C	Ilun 2	P. Krau	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be respined by the hospital ar attending physician.

TO FUNER PARECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3.7 d be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1. As should be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after leasth. VS A15 (4) 15M 9/55



12497 AARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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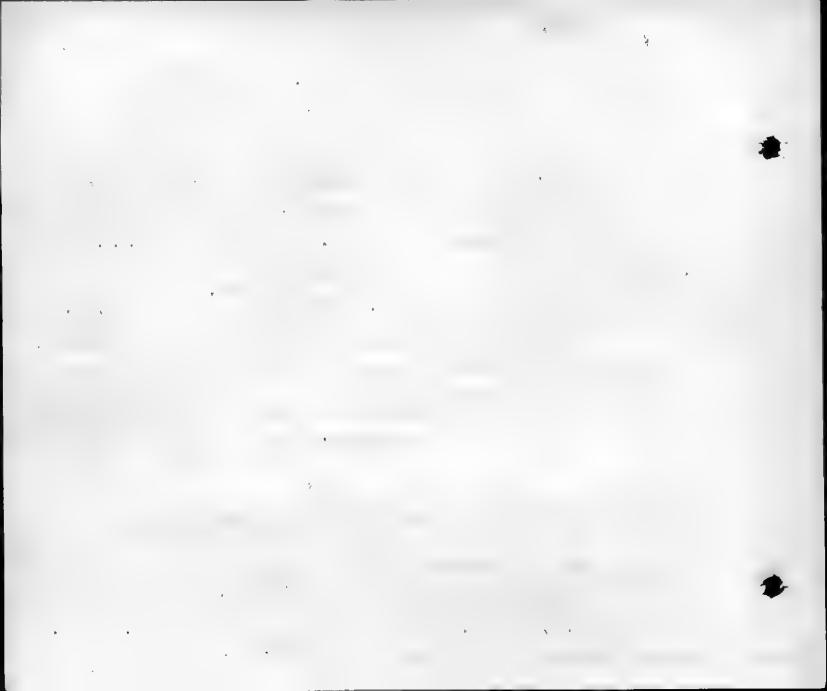
							Reg. Dist. I	No.		
1, PLACE OF DEATH o. COUNTY			2. USUA	RESIDENCE (W	here decease	d lived. If institution	. Residence b	efore odmission	1)	
Cecil		MARYLAND	o. STA	Md.		b. COUNTY	Cecil			
b. CITY OR TOWN (If outside of RURAL and give nearest town Cecilton	orporote limits, write	c. LENGTH OF STAY IN 18			outside corpo	orate limits, write RUI		L ond give nearest town)		
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street	oddress}		REET ADDRESS	1			B. IS RESIDE ON A FA	ARM?	
NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month		Daý Yeo	ar a	
(Type or print)	S.	Wills		usby	DEATH	MO A CHONCI			60	
	R OR RACE 7 MARR	TIED NEVER MARRIED					Months Day	AR IF UNDER 1	24 HR Min.	
Male Whit				mber 1,		80 yrs.	, ,			
la. USUAL OCCUPATION (Give & during most of working life, et Farmer	ven if retired)	KIND OF BUSINESS OR INC		IRTHPLACE (Stote	a ar fareign c	country)	U.S.A	I OF WHAT COL	JNTR'	
FATHER'S NAME	1 4 44			HER'S MAIDEN	NAME		UaDan	1.0		
. Porter Lusby										
. WAS DECEASED EVER IN U. S.	ARMED EODCESS IN	COCIAL CECURITY NO.	MAI	y Willia		Addre:				
(es, no, or unknown) (If yes, give i	war or dates of service)					ORL				
		None M	ir. Eld	ridge Lu	isby,	Ce	cilton	Md.		
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	DUE TO	renary sclere						years		
PART II OTHER SIGNII Carcinema of	prestate W	ith phlebethr			NINAL DISEAS	E CONDITION GIVE	N IN PART 1(o	PERFORM	NED?	
Carcinema of Carcinema of Corcontributing Causine OR CONTRIBUTING CAUSINE (IF EITHER, NOTIFY MEDICAL	LYING 206 DESC E OF DEATH EXAMINER)	ERIBE HOW INJURY OCCUR	RED (Enter no	iture of injury in	Port 1 or Por	rt 11 of item 18.)				
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d It 19 While of work	Not while		JURY (Home, for , office bldg , et		y or town)	(Coun	ity)	(Stat	
21. I certify that I alto alive an 22 Nev				60, ta d at_5:01	AM from	the causes and treet, city or town, st	an the do	ate stated o	abav	
PHYSICIAN'S Wallac	e Obenshai	n و MD و		Cecil	Lten Mo	d.				
	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMAT	ORY	22d. LOCA	TION (City, lown, or	county)	(Slote)		
Burial (Specify)	25,1960	St. Stephens	Ceme	tery	Earle	eville, Ru	ral.	Md.		
divard Feli		nh Clingto	in Di		D BY REGIS	E0	RAR'S SIGNA			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be respined by the hospital ar attending physician.

To funes

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the fund



ofter death, Page

that the death certificate be executed within 24 haurs

ő

d NAME OF HOSPITAL (If not in hospital, give street address) Erret Middle DECEASED Bayard (Type or print) Ernest 5. SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED Male White WIDOWED [DIVORCED [7] Carpender 13. FATHER'S NAME George W. McCardell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Nο 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED a. m. While Not while at wark at work 21 I certify that (I) (this haspital) attended the eleceased fram. 600 sow the deceased alive an 22s SIGNATURA 22c. PHYSICIAN'S NAME (Type) Clarence Benson 23b DATE THEREOF 23a BUR AL, CREMATION. No..7.1960

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. si Waryland o. COUNTY b. COUNTY MARYLAND Cecil Cecil CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Liberty Grove. Md. liberty Grove STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO X 4. DATE Month Day Year ${ t McCardell}$ DEATH Nov. 1960 IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years lost birthdoy) Months July 10a JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Ann. McDowell 16. SOCIAL SECURITY NO. 117, INFORMANT Address Md. 219-18-9992Mrs. Lidie M. McCardell, Liberty Grove INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIF CANTON DITIONS CONTERED TO DEATH BUT NOT RELATED TO THE FERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMEDR YES I NO 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) that (1) (we) last and that death occurred at ____ M, from the causes and on the date stated above. 226 DATE SIGNED MED DIRECTOR PHYS 22d. ADDRESS Perryville, Md 23d LOCATION (City, town, or county) 23c NAME OF CEMETERY OR CREMATORY (Stote) Harmony Chapel Liberty Grove, Ma. Cem. 25h REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Perryvelle, Md DAWOV 9



15M 9/58

(State)

(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admiss on) Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM?

Unior	<u>Hospita</u>	<u></u>		, , , , , , , , , , , , , , , , , , ,			YES NO X			
3. NAME OF DECEASED (Type or print)	Id zz		Middle W_	McCoy	4. DATE OF DEATH	Month NOV.	Day Year 27 19 60			
S. SEX	6 COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	5	P. AGE (In years IF	JNDER 1 YEAR IF UNDER 24 HRS			
F	W	WIDOWED 🔀	DIVORCED [Sept. 11,	1876	84 уп.	lonths Days Hours Min.			
100. USUAL OCCUPATIO	N (Give kind of work ding life, even it retired)	lane 10b KIND O	F BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign cou	intry)	12 CITIZEN OF WHAT COUNTRY?			
Sales	Clerk		eneral	Chesapeal	ke Cit	ty, Md.	U.S.A.			
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
James	Cummons			Sallie Borem						
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCE	rment		INFORMANT	6 5	Address				
no		218-	32-4750-	Mrs. Hazel 1	M. Ra	gan, Con	owingo, Md.			
	TH [Enter only one cou TH WAS CAUSED BY IMMEDIATE CAUSE (a)	1), (b), and (c)]	g-lin Oto	driech	n) bleo	May 10 DEATH			
Conditions, if or		Car	my	- flores		2- 1	would merci			
gove rise to in couse (o), stoting t lying cause ast	A DUE TO	Carc	un.	1 Choant (Adal.	n)	3 My san			
PART II. OTH	ER SIGNIFICANT CON	NITIONS CONTRIB	UTING TO DEATH BY	NOT-RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?			
191			/				IN IES NO IX			

(County)

That I last saw the deceased M, from the causes and an the date stated above. **DATE SIGNED**

22d. LOCATION (City, town, or county)

Chesapeake City. 24b. REGISTRAR'S SIGNATURE

Elkton. Cithur S. Kine



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12499

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CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of the country cecil b. COUNTY Cecil										odmiss	ion)		
b. CITY OR TOWN (RURAL and give n	If autside corporate limited rest town)	ts, write	c. LENGT	H OF STAY	IN 1b	c. CITY		·	prote limits, write	RURAL and g	ive neare	est town	n)
Elk Mill	S			fe		X	Elk M	ills					
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, g	ive street (oddress)			d. STRE	ET ADDRESS					ON A	FARM?
3. NAME OF DECEASED (Type or print)			В.	_	DA	NIEL	lost	4. DATE OF DEATH	Novemb	n h er	Day 3		Year 1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NE	VER MARR	IED 🔲	B. DATE OF	BIRTH		9. AGE (In year) lost birthday)	IF UNDER			
Female	White	WIDOWE	0 🖹	DIVORCI	ED 🔲	Mar.2	2, 189	11	69 yrs	Months	Days	Hours	Min.
100. USUAL OCCUPATION during most of work House		done 10b.	at H	iusiness d	OR INDU	TRY 11. BIR	THPLACE (Stole Maryl	or foreign o	ountry}	12. CITI	ZEN OF		COUNTRY
13. FATHER'S NAME	112		0000			14. MOTH	ER'S MAIDEN N						
Harry W	. Downham	1					Laura	Llo	vđ				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SE	CURITY NO	D. 17, II	NFORMANT				dress			
No	(if yet, give wor or delet of t	ar vicej	Hone	}	De	lbert	W. Mc	Dan	tel E	lk Mi	lls	, M	ld.
	ATH [Enter anly one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co				fici	en cy				INTER	VAL BE	TWEEN DEATH ULS
Canditions, if a		(1)	hron	ic M	yoca	ardit:	is				3-	Ye	ars
gave rise to i cause (a), stating lying cause last.		H	yper	tens	ion						8-	Ye	ars
ICATI	HER SIGNIFICANT CON		ONTRIBUT	NG TO DE	ATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEAS	E CONDITION G	VEN IN PART		PERFO	AUTOPSY ORMED?
	S UNDERLYING DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW	/ INJURY C	OCCURRE). (Enter nati	ere of injury in	Port i ar Par	1 If of item 18.)				
Howr o. ft. p. m.	Y Month, Day, Ye	While at work	Not we	vhile rk 🔲	fac	CE OF INJU dory, street,	IRY (Home, form office bldg., etc	.) 20f. (City	ar town)	(C	ounly}		(State)
actual	Marco,	126	on M	and that	t death	occurred	ot 11:4	2M, from ADDRESS (S	n the causes treet, city ar town	and on the state)	e date	state D/	deceased ad above ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAN	AE OF CEM		R CREMATO	Y	22d. LOCA	laryland TION (City, 10wn,	or county)		(Stok	*
-)			Hil	1 Cem	etery		rry Hil			and	L
23. FUNERAL DIRECTOR PIPPIN FU	INERAL HO	EA	ADDR		lkto	n, Md	24a. REC'I	D BY REGIST		ISTRAR'S SIG			



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	eri	iffice along with form PM3. Page 5 may be relained for you	ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis
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1	rtificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directo	0	=
5	cer		ď.
DEPOSIT SEDIO	cute the certif	or the Chief Medical Examiner	
in a	60	NO.	PUNEZ
2	5	ō	-

	1			TATE DEPARTA				-		Dist. No	-	472	
	PLACE OF DEATH 0. COUNTY	Cecil		MARYLAN		a STATE Mary		ed lived. If Institu	and the second	lence bef	ore adm	ission)	
b. CITY OR TOWN (If outside corporate limits, write BURAL and give only give nearest town) Nor th Eas t 1 year North East											earest la	wn)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						d. STREET ADDRESS					ON	A FARM?	
3. NAME OF DECEASED Corporation Catherine E. McGuirk 4. DATE Month Do DEATH November												9 60	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Femal e White widowed D Divorced May 25, 1876 9. AGE (In years IF UNDER 1YEAR IF I Months Days House) May 25, 1876 9. AGE (In years IF UNDER 1YEAR IF I Months Days House)											IF UND Hours	ER 24 HRS. Min.	
100	IGO. USUAL OCCUPATION (Give kind of work done done done done done done done done												
13.	FATHER'S NAME ISABC (Galloway			14	Mary Har		es					
		R IN U. S. ARMED FOI (If yes, give wor or dates of	enical		rs.	Curtis F	ishe:	Address r, Risin	ng S	un,	M.d.		
	PART I. DEATH	H (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o)		or (o), (b), and (c).] te c orona	ry	occlusion	l			INTER	VAL RETW T AND DE	ÉÉN ATH	
	Canditions, if an gave rise to immedi	y, which) (b)	Art	eriosclero	sis	3							
	(a), stating the vi	nderlying DUE TO (c).											
CERTIFICATION				NTRIBUTING TO DEATH BU					EN IN PAI			NO [1]	
	PRIMARY D or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	o. DESCRIBE	HOW INJURY OCCURRED). (Ente	r nature of injury in Part	t or Part II	of item 18.)					
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Y Manih, Day, Yea	While	Not while f		OF INJURY (Home, farm, street, affice bldg., etc.)		or town)	(Co	ounty)		(State)	
	21. I certify the	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that											

MEDICAL CERTIFICATION 20a. E) PRIMA CAUSE 20c. TI 21. 1 Notural couses [4], Accident , Suicide , Homicide , Undetermined couse . death resulted from:

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

11/3/60

DATE SIGNED

EXAMINER'S NAME (Type) C. Dodson

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State)

220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)
BURIAL 11/6/60 11/6/60 Principio Cemetery ADDRESS FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

Perryville, Md. DATE NOV. D



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

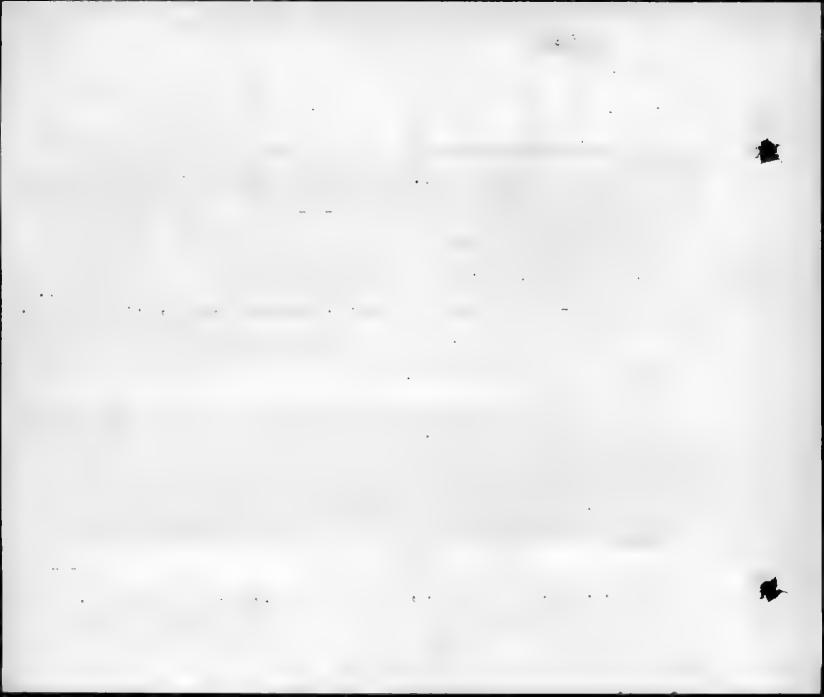
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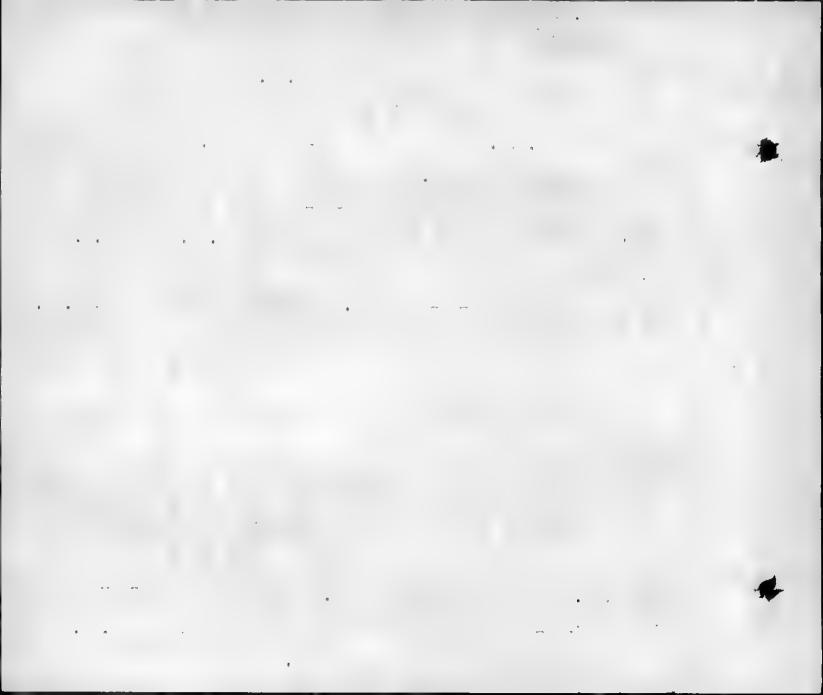
4 hours after death. Page		ed . The funeral director,	1 Should be filed with	(
of the death certificate be executed within 2		the attending physician and campletely fille	Then please remove-carbon papers. Pages	and in any event, within Lahours ofter death
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page	may be respined by the haspital ar attending physician.	TO FUNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled.	page 3 strong de detached for use as the burnat-transit permit. Then please remave-extran papers. Pages 1 3 per should be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within "12" hours after death.

VR A15 (4) 1SM 9/59

"	o. COUNTY C	ecil.		MARYL	AND	D. STATE		rylan	_	b. COU		Kesidein		2017	is only
		If outside corporate limi	its, write	c. LENGTH OF STAY IN	4 1b	c CITY OF	R TOWN	\ {If outside	corpor	ote limits, wi	rate RUI	RAL ond g	jive nec	rest tow	m)
	RURAL ond give n	ry Point		28 days			Bal	ltimo	re				12 4		
-	d. NAME OF HOSPI	TAL (If not in hospital, s	jiva street i			d. STREET								e IS RE	SIDENCE
	OR INSTITUTION	Administra	tion	Hospital		96	533	Dixo	n As	renue				YES [A FARM?
	NAME OF	Fig		Middle			osi		DATE	Cliac	Month		Da		Yeor
	DECEASED (Type or print)		EPH	I.		MEAD			OF DEATH	Mor			4	7	
5	SEX SEX	6. COLOR OR RACE		LIED W NEVER MARRIED		DATE OF BIR		tort.			remb			IF JNE	19 60 DER 24 HRS
٥.				-						9. AGE (n y	loy)	Months	Days	Hours	
10	Male	White	WIDOWE		<u> </u>		30-9			64	yrs.	12 (17)	7554.05	TARLA T	COUNTRY
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_	Conducto	<u>r (retired</u>		Railroad				ylva				U	SA_		
13.	FATHER'S NAME					14. MOTHER	'S MAIL	DEN NAME							
L		n Meadowcr		(Deceased)			E1]	len M	ac 1	Elroy		De ce a			
1\$ (Y	. WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wer or dates of t		SOCIAL SECURITY NO	17, IN	FORMANT					Addre	alt:	imor	re,	Md.
Ĺ	Yes	WW-I		Unknown	E	ina E.	Mea	adowc	rof	t. wif		963		ixon	
	18. CAUSE OF DE	ATH [Enter only one co	ouse per lin	ne for (o), (b), and (c).]									INTE	ERVAL 8	BETWEEN D DEATH
L	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (c	. Ce	rebral vas	cu l	er ado	i der	nt (F	lesi	lar a	rte	7775	ONS	IEI ANI	DEATH
L	221	DUE TO		- U U U U U U U U U U U U U U U U U U U	37.50.00	Carlo Carlo Car		-		mbosi		J			
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	lying couse lost.	the under-													
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18	1	7721 3131111127111 2311	_	ohysema, se				TE CONTRACTOR	W. 25 ~ (00	2011011101		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,07	PERF	ORMED?
F	20g ACCIDENT W	AS UNDERLYING		CRIBE HOW INJURY OC			of inu	es in Part I	or Port	II of item 15	3.1			1E2 L] NO E
CERTIFICATION		G CAUSE OF DEATH MEDICAL EXAMINER)	100. DES	CKIDE HOW INJUST OC	CURREL	, (chier noivre	e or inju	ily in roici	i di ron	n or new re	, ,				
MEDICAL	20c. TIME OF INJU	RY Month, Doy, Ye				CE OF INJURY			Of. (City	or town)		{<	County)		(State
MED.	Hour o. m.	19	While of wor	k Of work	100	iory, sireer, oir	ice piag	j , e(c.)							
		an BOXBESETESCOKOGO	D attand	led the deceased f		ctohen	7	160	to NI	orromh.	0.00	1 106	^4L	-4-413.	-laran Laran
				XXXXXXX and t											
	220 SIGNATURE	CHAIR WINE TO THE STATE OF	<u> </u>	AAAAAAdno I	nar a	eath accurr	ea ar	TAUG,		ine couse	s and	on the	dale		2b DATE
		,7	01	۹ . >)	ATTENDI	ING _	MED	on []	STAFF PHYS.				7 7	SIGNE
	22c. PHYSICIAN'S	pricis 1	1	to the		22d ADD	DRESS	DIKECI	OK U	F1113. (a)				11-	4-60
	NAME (Tyme)	G. CIAN . CI	nief	Resident, S	ים יד נו			ice	T/ A EX	Dames	. T	المائدة	34	٦.	
- 22													* - M		
23	BURIAL, CREMAT (REMOVAL (Specify		0.	23c. NAME OF CEME	LVE	THE CREMATORY	7	230	LOCAL	ich (City to	Z.	Jeouniy)	720		ote)
24	FUNERAL DIRECTOR	R'S SIGITATURE		ADDRESS /	/_	10	250.	REC'D BY			REGIST	RAR'S SI	GNATU	RE	
6	Umai	& Ku	ck «	330V M	ay	Drd	DAT	re NOV	7	'60	Ų.	vinny	8 4		
					77									190, If 1	



DEMUTY



21. I certify that I attended the deceased fram, , 1957, ta L_1-11 , 1960, that I last saw the deceased 60, and that death accurred at 3 AM, from the causes and an the date stated above.

SIGNATURE

22b. DATE THEREOF

CEMETERY OR CREMATORY

HEWARK DELAW

ADDRESS (Street, city or town, state)

23 FUNERAL DIRECTOR'S SIGNATURE

24g. REC'D BY REGISTRAR DATE NOV 1 5 '60

arling & House

24b. REGISTRAR'S SIGNATURE

PHYSICIAN'S

NAME (Type) 220. BURIAL CREMATION.

REMOVAL (Specify)

ined by the

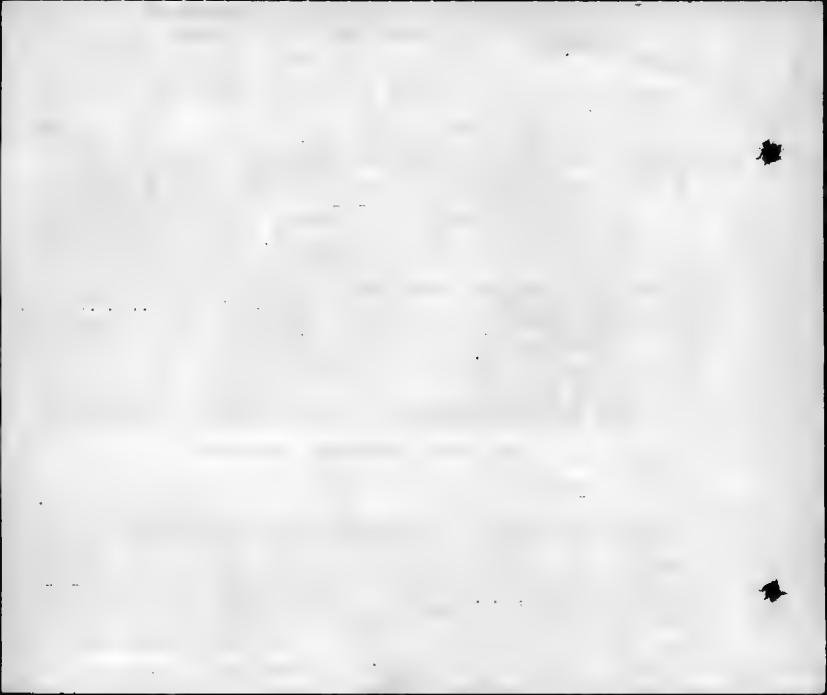
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MEDICAL EXAMINER:

5M 9/55



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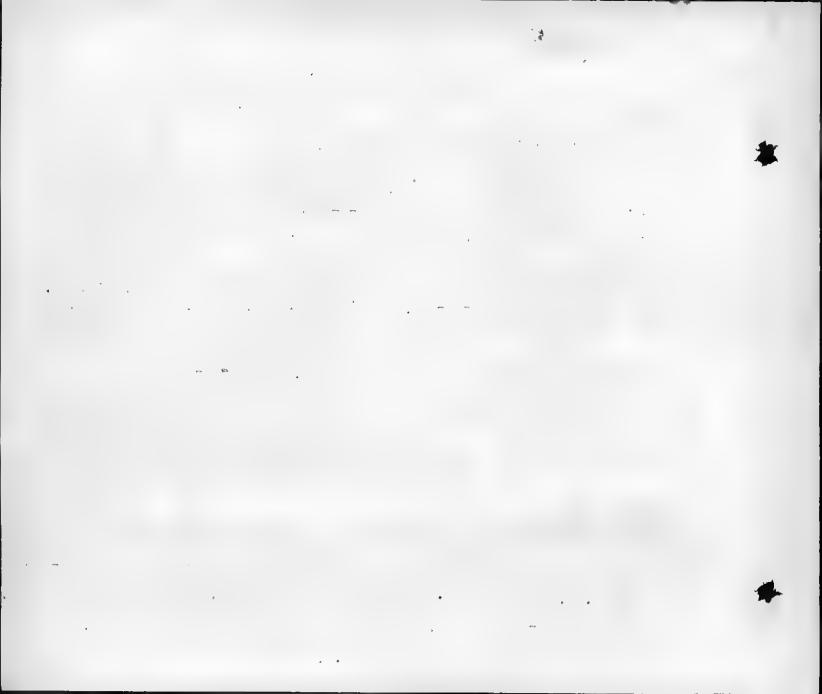
in any e

may be received by the hospital or attending physician.

TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 skyld be detached for use as the burial transit permit. They please combon papers. Pages 1 page 3 skyld be detached for use as the burial transit permit. They please combon papers. Pages 1 he State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VR A1S (4) 1SM 9/S9

a. COUNTY	Cecil		MARYI	LAND	a. STATE Virgi:					
	(If outside carparate lim	its, write	c LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside carpore	ate limits, write R	JRAL and giv	re nearest to	awn)
RURAL and give a			23 days		Alexa	ndria			9	-54
	ITAL (If not in hospital,	live street			d. STREET ADDRESS				e 15 F	RESIDENCE
	Administra	tion	Hospital		106 We	st Mas	son Aver	ue	YES	□ NO □
3. NAME OF	Fi		Middle		Lost	4. DATE OF	Man	th	Day	Year
(Type or print)	HEN	RY	B.		POSS	DEATH	Nove	aber	23	19 60
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 📆 8.	DATE OF BIRTH	5	9. AGE (In years last birthday)			DER 24 HRS.
Male	White	WIDOW	ED DIVORCE		3-8-1900		60 yrs.	Months D	Pays Hau-	rs Min
10a. USUAL OCCUPAT	ON (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (Stole	ar foreign co	untry)	12. CITIZE	EN OF WHA	TCOUNTRY?
Brick1	rking life, even if retired)	Constructi	Lon	Virgini	a.		U	SA	
13. FATHER'S NAME	,	1			14. MOTHER'S MAIDEN N			1.		
Нs	arry Poss (Dece	(6000		Mary Wind	sor (1	Deceased	1)		
	ER IN U. S. ARMED FOI			. 17. INF		001 (2		exand	ria.	Va.
(Yas no, or unknown)	(if yes, give war ar dates of	vervice)	25-10-2523		uis Poss, b	nothor				
Yes	WW I				uts 1088 p	T O CHE	<u> </u>	LOOUTS		BETWEEN
	ATH [Enter only one of ATH WAS CAUSED BY								ONSET A	ND DEATH
9 4	IMMEDIATE CAUSE (·/			and atelect	tasis	with ab	scess) a	ays
	DUE TO		rmation of		~	/-B.B.	B (()			
Canditians, if		Ri,	ght compos	ite	neck surgery	<u> </u>	- TP- (0)			
couse (a), stating										
lying cause last	_ /	45			gue right si					ontha
PART II O'	THER SIGNIFICANT COM	IDITIONS.	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE	COND TION GI	EN IN PART	1(a) 19. W/	AS AUTOPSY REORMED?
8									YES	₩ NO 🗆
S OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of injury in I	Part I ar Part	II of item 18.}			
\$ 20c. TIME OF INJU	JRY Month, Day, Ye	or 20d. I	NJURY OCCURRED		CE OF INJURY (Home, form		ar tawn)	(Cc	ounty)	(State)
ZOc. TIME OF INJU	10	While of wa		racia	ary, street, office bldg., etc.	.7				
		t) atten		from() (tober 31.12	60 toN	ovember	231960) . athrotech	rindovski deset
					ath accurred 31:00					
22a. SIGNATURE	SER HIMA AICAM		LAAVAAAA UIU	mar de	dill occorred giz 220	COLITION			QQ 10 110	22b. DATE
	9.1.00	00	malu	М	D PHYS DI	ED RECTOR	STAFF PHYS		7	SIGNED L1-23-
22c PHYSICIAN'S					22d. ADDRESS					- Y_ al
NAME (Type)	_ A I MO(MEV	Asst. Cli	inica	1 Pathologi	st.V.	A. Hospit	tal.Pe	rrv F	oint.
230 BLRIAL XCREMAT			23c NAME OF CEM				ON (City, tawn,			State)
A ROLL OF THE REAL PROPERTY.	N 11-28-	-			National			**		
24 FUNERAL DIRECTO			ADDRESS	IR COL		D BY REGIST	lington	STRAR'S SIG	NATURE OF	
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PART 1. DEATH WAS CAUSED BY: HAMPEDIATE CAUSE (a) Pight Coronary Occlusion Canditions, if any, which gave rise to immediate cause (c), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFO		482		*******							R	eg. Dist	. No.		
D. CITY OF COVEN I stands corporate limits, write FUEAL and give nacrest form) ENEXTON TO STAYN IS D. CITY OF COVEN I stands corporate limits, write FUEAL and give nacrest form) ENEXTON OF INSTITUTION (If not in hospital, give street oddress) Union Hospital D. O. A. 3. MARK OF DECEASED Union Hospital D. O. A. 3. MARK OF DECEASED (Prior or prior) William ACCOUNT ON CAKE 17. MARKED DECEASED (Prior or prior) WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWED DIVORCED D. O. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. TO BIRTH ID. 1. S. SEX WINDOWS D. O. S. SEX WINDOWS D. O. D. S. SEX WINDOWS D. D. O. S. SEX WINDOWS D. D. S. SEX WINDOWS D. D						2. USU/	L RESIDENCE	E (Where	e decease				e befo	e odmi	ission)
b. CITY OR TOWN devides corporate limits, write RURAL and give nearest form) C. LEROTH OF STAY IN 1b	e. Cookii Ceci				MARYLAND	a. ST.	Md.			b. COU!	Cec	11			
EIRCOR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospid, give street address) Uniton Hospital D.D.D.A. 3. NAME OF HOSPITAL D.D.D.A. 4. CEVILS ROBINSON WIlliam Levils Robinson 5. SEX 4. CEUGR OR RACE [7. NARBEED] NEVER MARRIED S. DATE OF BIRTH MIDOWED DIVORCED DIVORCED D.D. DATE OF BIRTH MIDOWED DIVORCED DIVORCE	b. CITY OR TOWN (IF	suiside corporate limits, writ	e PURAL	c. LENGTH	OF STAY IN 16	c. CI	Y OR TOWN	(If outs	ide corp				ive ne	arest fo	wn)
Union Hospital D.O.A.				all li:	e e	PIE	lkton								
Union Hospital. D.Q.A. ISS E. Main St. Yes No O. NAME OF COLORS NAME OF CONTROL NAME OF CO	d. NAME OF HOSPITA	AL OR INSTITUTION	lf not in he	ospitol, give stre	et address}	d. ST								e. IS R	ESIDENCE A FARMS
DECEASED IOPERATED IOPERATED S. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NO NEVER MARRIED N	Union F	Hospital. I	.O.A.	•			152	E, 1	Main	St.					
S. SEK	3. NAME OF	Fir	st	٨	Aiddle		Lost	4. [DATE	Mo	oth		Day	Y	ear
Months Days Mours Months Days Mours Min.		Willia	m	Lev	ris	Robir	ison				11		20	1	9 60
No. WINDOWED DIVORCED D=2/-41/10 Lil yn. Windows Divorced Div	5. SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER	MARRIED [9. AGE (In years					
Conditions	M	W	WIDOW	ED DI	VORCED 🔲	6-27-	1916			LILI yr	B. Mg	onths Do	IYI	Houns	Min.
Laborer General Md. U.S.A.	10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSIN	NESS OR INDUS	TRY 11. BI	RTHPLACE (SI	tate or fo	areign co	ountry)	1	12. CITIZE	N OF	WHAT	COUNTRY
Tewis Robinson Blanch Draper 15. WAS DECEASED FUNE IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address 212-01-211+2 Mrs. & Wim. L. Robinson, 152 E. Main St. Elkto 212-01-211+2 Mrs. & Wim. L. Robinson, 152 E. Main St. Elkto 152 E. Main St. Elkto 152 E. Main St. Elkto 153 E. 154 E. 155 E. 15		g me, even a remacj		Genera	11		Md.					U	S.	A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (17th, top or unknown)	13. FATHER'S NAME					14. MOT	HER'S MAIDE	N NAMI	E						
True for a value of pearth Einter only one couse per line for (e), (b), and (c).] 18. CAUSE OF DEATH Einter only one couse per line for (e), (b), and (c).] 18. CAUSE OF DEATH MAS CAUSE BY:	Lewis	Robinson				E	lanch	Drag	per.						
The cause of death Enter only one cours per line for (a), (b), and (c).				. SOCIAL SECU	RITY NO. 17. 1	NFORMAN	T			Addre	HS				
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Right. Coronary Occlusion Conditions, if any, which gave rists to immediate course (o), stating the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMEDY YES. NO. 20a. EXTERNAL CAUSE WAS PREMARY CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year White Cause of Works Contributions of works Contributions of the remains described above, held an Autapsy Inspection 2. Inquiry 2. and find the death resulted from: Notural causes 2. Accident 5. Suicide 6. Hamicide 7. Undetermined cause 1. ACTUAL SIGNATURE SIGNATURE 11/23/60 EIkton Cemetery 22d. INJURY MEDICAL EXAMINER 11/21-60 22a. BURIAL, CREMATION, 27b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 11/23/60 EIkton Cemetery 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 22c. REDISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGI	W-000		2	12-01-	-2142	Mrs.	Wm. L.	Rol	bins	on, 152	E.	Mai	n S	t. I	Elkto
PART I. DEATH WAS CAUSE BY IMPROVATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (cl.), stating the underlying course (cl.), stating the underlying (cl.) stating (cl.) stating the underlying (cl.		TH [Enter only one can	se per line	for (o), (b), an											
Canditions, if any, which gave rise to immediate course (c), storing the underlying course lost, PART H. OTHER SIGNIFICANT CONDITIONS CON'T BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NOTE NOT A CONTRIBUTING COURSE (c) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Menth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) of work of work of work in part 1 took charge of the remains described above, held an Autopsy Inspection 7. Inquiry 7. and find the death resulted from: Notural causes 7. Accident 7. Suicide 7. Hamicide 7. Undetermined cause 7. Accident 7. Suicide 7. Hamicide 7. Undetermined cause 7. Accident 7. Suicide 7. Hamicide 8. Accident 8. SISTANT MEDICAL EXAMINER 8. ACCIDENT MAME (Type) 8. P.C. DOCISON DEPUTY MEDICAL EXAMINER 11. 21. 60 22c. BURIAL, CREMATION, 22b. DATE THEREOF 7. NAME OF CEMETERY OR CREMATORY 8. ACCIDENT M. M. CHIEF MEDICAL EXAMINER 11. 21. 60 22c. BURIAL, CREMATION, 22b. DATE THEREOF 7. NAME OF CEMETERY OR CREMATORY 8. ACCIDENT M. M. CHIEF MEDICAL EXAMINER 11. 21. 60 22c. BURIAL, CREMATION, 22b. DATE THEREOF 7. NAME OF CEMETERY OR CREMATORY 8. ACCIDENT M. M. CHIEF MEDICAL EXAMINER 11. 21. 60 22c. BURIAL, CREMATION, 22b. DATE THEREOF 8. ACCIDENT M. CEMETERY OR CREMATORY 8. ACCIDENT M. M. CEMETERY OR CREMA			D-	ight Con	aonami (lool us	ion						ONSEI	AND DE	ATH
Canditions, if any, which gave rise to immediate cause (c), straing the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT PERFORMED? 20c. EXTERNAL CAUSE WAS PRIMARY To ar CONTRIBUTING TO CAUSE OF INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year While Not while Signature 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural causes Accident No	420			i Sun-run	- DH-IGA I										
DUE TO Course Institute Course	Canditions, if a	6 0	41	nterior	enlaret	de he	ort Die	2000	ā.				BO	t. les	nown.
PART H. OTHER SIGNIFICANT CONDITIONS CON'T BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CON'T BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PREFORMED? YES NO 20c. TIME OF INJURY Month, Day, Year Work of work o	gave rise to immed	liote cause	434	IVCI TOI	5020101	70 110	1441 3741	0000					220	O IL	201122
PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 100. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 101. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 102. TIME OF INJURY Month, Day, Year While of work of the order of work of the part 1 or Port II of item 18.) 103. I certify that I took charge of the remains described above, held an Autapsy inspection in Inquiry in Part 1 or Port II of item 18.) 103. I certify that I took charge of the remains described above, held an Autapsy inspection in Inquiry in Part 1 or Port II of item 18.) 103. I certify that I took charge of the remains described above, held an Autapsy inspection in Inquiry in Part 1 or Port II or Port I		Inderlying			***										
20c. TIME OF INJURY Howr a.m. p. m. 19 21. I certify that I took charge of the remains described above, held an Autapsy death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE EXAMINER'S NAME (Type) ReC Dodson 22a. BURIAL CREMATION, 122b. DATE THEREOF PREMOVAL (Specify) PUT 18 I 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 20c. (City ar town) (County) (State) (County) (State) (State) (Actual of work of two with one of two work of two wo	Z PART II. OTH			ONTR BUTING	TO DEATH BUT I	NOT RELAT	D TO THE TE	RMINAL	D.SEASE	CONDITION	IVEN I	IN PART 1	(o) 19		
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27. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined cause . ACTUAL SIGNATURE . ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER . DATE SIGNED EXAMINER'S NAME (Type) ReCoDodson . DEPUTY MEDICAL EXAMINER . 11-21-60 220. BURIAL CREMATION, 22b. DATE THEREOF . Page . NAME OF CEMETERY OF CREMATORY . BURIAL CREMATION, 22b. DATE THEREOF . LOCATION (City, town, or county) . State) BUT 18 1 1/23/60 . Elkton Cemetery . Elkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS . 24b. REGISTRAR . 24b. REGISTRAR'S SIGNATURE	B CAUSE OF DEATH,	TRIBUTING								,					
27. I certify that I took charge of the remains described above, held an Autapsy Inspection , Inquiry , and find that death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE	3 20c. TIME OF INJUR	Y Month, Day, Ye	or 20d.	INJURY OCCU		CE OF INJ	URY (Home, f	form, 12	of, (City	ar fown)		(Count	ν)		(State)
27. I certify that I took charge of the remains described above, held an Autapsy Inspection , Inquiry , and find that death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE	Howr a.m.	10			ile foct	ary, street,	affice bldg.,	elc.)	,				,,		, , ,
death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE						ve held	l an Auto	nev F	3 In	toection S	a 1	navieu	ra .	and i	Single Alex
ACTUAL SIGNATURE EXAMINER'S NAME (Type) R.C. DOGSON DEPUTY MEDICAL EXAMINER 11-21-60 220. BURIAL CREMATION, 27b. DATE THEREOF PUT 12 AME OF CEMETERY OR CREMATORY PUT 12 11/23/60 Elkton Cemetery Elkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE SIGNED ASSISTANT MEDICAL EXAMINER 11-21-60 11-21-60 Elkton Cemetery 22d. LOCATION (City, town, or county) (State) Elkton, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE											•			ana	ina ma
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEP	dedin resolved		16	A, Accide	/, JUI	cide []	, Flamici	ide	j, un	determined	caus	ье <u> </u>			
ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) R.C. Dodson DEPUTY MEDICAL EXAMINER 11-21-60 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/23/60 Elkton Cemetery Elkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ASSISTANT MEDICAL EXAMINER 12-21-60 22d. LOCATION (City, town, or county) (State) Elkton, Md.	ACTUAL	10 810	1/	Del	119	1/ 0	HEE MEDICAL	I EVALU	NED 🗆					DATE S	IGNED
EXAMINER'S R.C.Dodson DEPUTY MEDICAL EXAMINER 11-21-60 22a. BURIAL CREMATION, 22b. DATE THEREOF PUT 12c. NAME OF CEMETERY OF CREMATORY Elkton, or county) BUT 12 1 1/23/60 Elkton Cemetery Elkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE		12		1000	-{m.v.			_						
22a. BURIAL CREMATION, 22b. DATE THEREOF PUT 1 1/23/60 Elkton Cemetery or Crematory Elkton, Md. 23. Funeral Director's Signature ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		R.C. Dodgon								_		11-	21-	60	
Burial 11/23/60 Elkton Cemetery Elkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE			VE.	1224 NAME O	E CEMETERY OF										
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)							720	, LUCAI					(Stati	•]
MANY AND						ie cel	<u> </u>	EC'D AV	PEGISTE				ATILD	F	
	PTPOTH FIL	TO DAT LIGH	(II)			-02	NO DATE	MAN I							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within III hours after deIIIh. If any delay is necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your first.

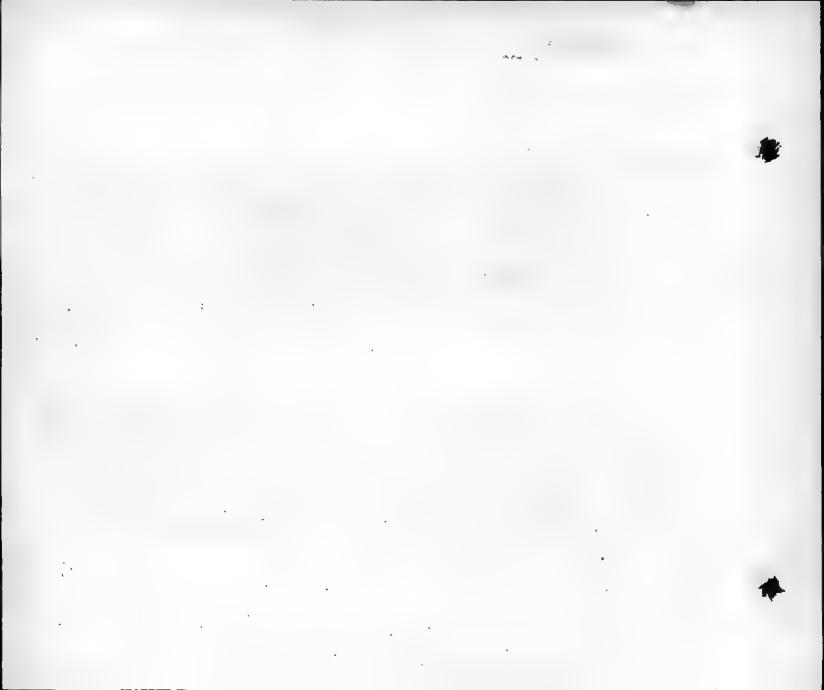
TO FUN. A. DIRECTOR: Page 3 should be used as a buriolitically permit. File pages 1 and 2 with the regist. TO FUN VS. A15ME(5) 5M 9/55



	Cecil.			MAAYSAMI	o. STATE Maryland b. COUNTY Harford						
	RURAL and give n	If outside corporate limits, secret town)	write c LENGTH	OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Darlington						
	OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address)			d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
3	I. NAME OF DECEASED (Type or print)	First WILLIE	1	Middle W.	SCRUGGS	4. DATE OF DEATH	Month Nov.	14	oy Yeor B 1960		
5	Male		MARRIED NEVE	R MARRIED 🔽	B. DATE OF BIRTH April 19. 18	9.		onths Days	Hours Min,		
T	00 USUAL OCCUPATI during most of wor	ON (Give kind of work don king life, even if retired)	Farm Wor		STRY 11. BIRTHPLACE (Stoke	e ar fareign caunt		12. CITIZEN O	F WHAT COUNTRY?		
1	3. FATHER'S NAME Clinton	Semigae			14. MOTHER'S MAIDEN Hilda McD	NAME		U.S.W.			
		ER IN U. S. ARMED FORCES (If yes, give war ar dates of service WW 1			NFORMANT		Address arlingto	n. Md.	(Friend		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO Conditions, if any, which										
1	lying couse lost.	Couse (a), stating the under Due to Iying couse lost. Fibro-caseous tuberculosis, bilateral Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.									
0.00	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUT- PERFORME YES N 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)										
100	OR CONTRIBUTING	MEDICAL EXAMINER)	DESCRIBE HOW I	NJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	or item IB.]				
	20c. TIME OF INJUI	19									
	21 1 certify that PICENTIAN of the deceased from Nov. 14										
ļ	220. SIGNATURE ATTENDING MED. STAFF November 19,19										
	22c. PHYSICIAN'S NAME (Type)	MOONEY, M.D.	Asst.Cli	n.Pathol	22d. ADDRESS OgistVAH., I	erry Po	int, Md.				
Ν.	BURIAL, CREMATOR	11-22-60	Balti	of CEMETERY O			N (Cily, town, or co	yland.	(State)		
* 2	PENNING	-1)	ADDRE LVTE de Gi		25a. REC		2Sb. REGISTRA	AR'S SIGNATI			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



director,

funeral

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physician

attending p

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FUNE?

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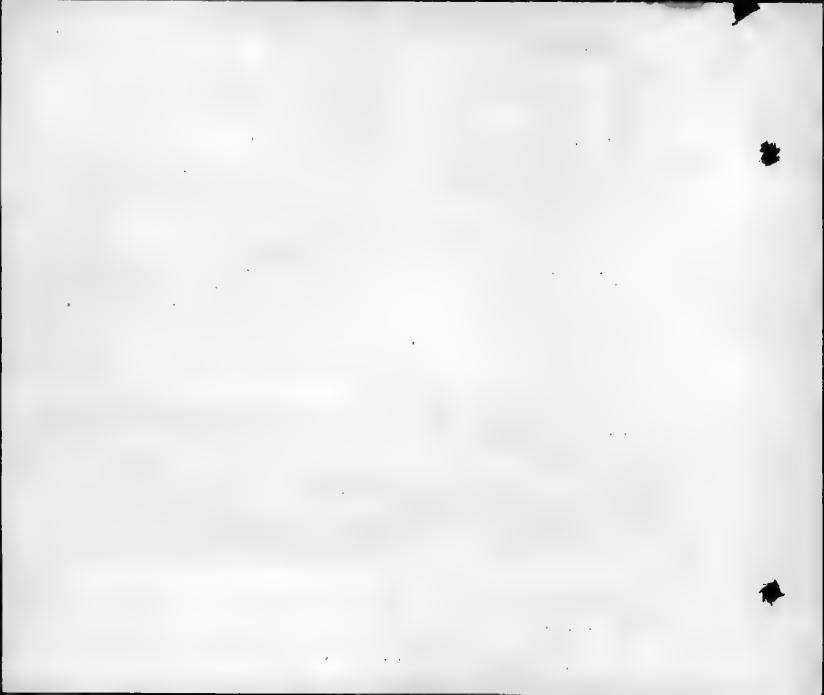
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executed within 24 hours after death. Page



Give

PM3.

6

erlificate, writing the water to the Chief Medical DIRECTOR; Page 3 sh

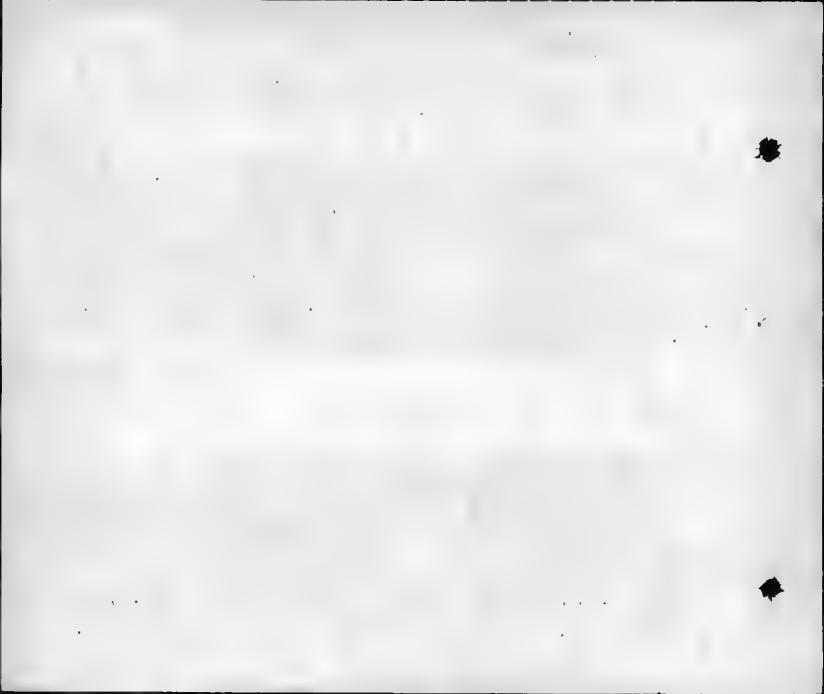
forwar O FUNE

VS. A15ME/51

5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	12000		CERTIF	ICAT	E OF DEATH				
o. COUNTY	Cecil		MARY	- 11	o. STATE Maryl		ed. If institutio b. COUNTY	n: Residence before Cecil	
RURAL ond	OWN (If outside corporate limgive nearest town) Try Point	its, write	c. LENGTH OF STAY	1	c. CITY OR TOWN (IF		limits, write RL	JRAL ond give ne	arest town)
d. NAME OF I	HOSPITAL (If not in hospital, JTION)			ya	d. STREET ADDRESS				. IS RESIDENCE ON A FARM?
Veteran	s Administra	tion	Hospital						YES NO
3. NAME OF DECEASED (Type or print)		rst DWARI	Middle H.		WHARTON	4. DATE OF DEATH	Noven		oy Yeor 1 19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D B.	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS
Male	White	WIDOW	ED DIVORCE		2-22-93		66 yrs.	Months Days	Hours Min.
during most	UPATION (Give kind of work of working life, even if retired	4)					(7)		F WHAT COUNTRY
	lder		Brick Comp	any	Marylan			USA	
13. FATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME			
	Benjamin W	harto	on (Decease	ed)	Emma Bay	er (De	ceased)		
15. WAS DECEAS	ED EVER IN U. S. ARMED FO	RCES? 16.					Addr	ess	
Yes, no, or unknown)	(If yes, give war or dates of		212-18-6158	D 7/5~	Danis .	I.The compton		Month	LW deer
					s. Fannie	WITEL LOIL	a MTTA		
	OF DEATH [Enter only one of	ouse per li	ne for (o), (b), and (c).						TERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	Br Br	onchopneum	onia	bilateral	unresol	lved		4-5 days
1 1 5	DUE TO	-	-						
10			1 1 1 2	2					
	s, if ony, which) (- /			carcinoma (unknown
	toting the under- DUE TO	me	tastases t	o th	e lungs, li	iver & a	abdomin	al lymp	h nodes
lying couse		c)							
Z PART	II. OTHER SIGNIFICANT CON	NDITIONS !	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY
PART		A 1			7.	,			PERFORMED?
-					generalized				YES NO
OR CONTRIB	INT WAS UNDERLYING [] BUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in	Port I or Port II	of item 18.)		
\$ 20c. TIME OF	INJURY Month, Day, Ye	ear 20d. 1	NJURY OCCURRED		E OF INJURY (Home, for		lown)	{County) (State
Hour Hour	o. m.	While		focto	ry, street, office bldg., et	lc.)			
	p. m.	_	rk at work						
21. I certif	y that NOXIE XXXXXXX	attend	ded the deceased	framSe	ptember 619	60, to No	vember	1 1960xx	XXXXXXXXX
22o. SIGNAT	THE THE PROPERTY OF THE PROPER	/**3		mui dec	12:12	a	cooses on	d on the dan	22b DATE
	7	11	MOLA	M.	D. PHYS.	AED.	STAFF PHYS.		11-1-60
22c PHYSICI		50	Vily 1		22d. ADDRESS				
NAME (77 J. L. G.	AREY.	Clinical	Path	ologist V	.A. Hosp:	tal Pa	nny Poi	nt Md
	/								Ho, Hu.
23a. BURIAL, CRE REMOVAL (S		OF	23c. NAME OF CEME	JERY OR	REMATORY	23d. LOCATIO	N (City town, o	/ / 1	(Stote)
Bur	in 11-5.	1960	med	rode	of	10/04	h Cast	Geal	(B)110
		-							

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be a remarked by the haspital at attending physician.

TO FUNERA SIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S [4] 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Figure 2 Temperature 1 1 1982 20 Service and the service of the servi Annual Company of the first party and the firs and solver the contents of the solvent of the solve as under a big bardamy or has to be a second . The same depth as a second of the same and Early 11-5 year 21) adventure Thilliefair Comment in My see the or the see the

the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page Filed

ained by the haspitol or ottending physicion.

**DIRECTOR: After this certificate has been signed by the attending physician ond completely filled uid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and be detached for use as the burial-transit permit. Then please remove carbon papers.

and in any event within 72 haurs after death

priar to burial, cremation, ar remayal,

TO FUNER poge 3 snow

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12485

CERTIFICATE OF DEATH

Reg. Dist. No. 12483

PLACE OF DEATH a. COUNTY Cecil MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mary 1 nd b. COUNTY COLL							
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limit corest town)	s, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest to E1kton (RD, #3)						
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi Union Hos			d. STREET ADDRESS				(S RESIDENCE ON A FARMS ES NO		
3. NAME OF DECEASED (Type or print)	Edwa 1		Middle	Last Yerkes	4. DATE OF DEATH	Novemb		Day	Year 1960		
s. sex Male	6. COLOR OR RACE	7. MARRI	D DIVORCED	B. DATE OF BIRTH July 15, 1	888	9. AGE (In years last birthday) yrs.		-	OURS Min.		
Manager (ON (Give kind of work ding life, even if retired)		reliques & bldg	. Marylar	nd	ountry)	12. CITIZ US		HAT COUNTRY		
13. FATHER'S NAME	Clinton J. Yerkes Jennie Taylor										
1S. WAS DECEASED EVE (Yes, no. or unknown) YCS	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Yes, no, or unknown! YES III yes, give weeppr doller of service! YES INFORMANT Mrs. Adward E. Yerkes, Elkton, Md. R. D#3										
Conditions, if or gove rise to it cause (o), stating lying cause last.	mmediate (CAR CAR	CARCINOMA (4 OF	11/	R	10	2 mas		
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	NARY	HEAR	ONTRIBUTING TO DEATH BURT SEASE	BUNENAR	YEND	HUSEMA	VEN IN PART	P	WAS AUTOPSI PERFORMED?		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of the work of the state of the work of the state of the work of the state of											
	at I attended the	decease 19 Au STA	od fram. Oct.		_M, from	the causes and treet, city or lown,	d an the				
220. BURIAL, CREMATIO REMOVAL (Specify)		F	Rosebank Cem	- · · · - · · · · · · · · · · · · · · ·	Calv	TION (City. town, ert , Geo	or county)	. Md	(State)		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	24a. RE	C'D 8Y REGIST	TRAR 24b. REGI	STRAR'S SIG				

TO AND TO TAXABLE AND SELECTION